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ABSTRACT

An educational model for implementation of a health promotion program for Indochinese refugees in the United States is presented in this paper. The objective, as described by the model, is to train individuals within the refugee community so that they, having information about health, can assist peers to seek and maintain better health in their homes, with their families and in their community. The model, complete with measurable objectives and varied learning opportunities, mainly includes content which would not require literacy skills. Topics include the development of a health promoter program, self-care, and specifics such as public and environmental health, child care, first aid, dental care, sexual health, and family planning. Suggested resources are provided to assist the implementer. The model, it is said, reflects a health promotion concept which may be widely applicable to a variety of age groups in a variety of settings. Five appendices include the following: (1) Sample Assessment Interview; (2) Partial List of Asian Resources; (3) Validation Instrument Letter; (4) List of Experts to Validate the Model; and (5) The Educational Model, which includes a justification, content outline, implementation scheme, in-service orientation scheme, curriculum evaluation plan, curriculum plan with content outline and related learning opportunities, and a bibliography. (KH)

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CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

HEALTH PROMOTION FOR INDOCHINESE REFUGEES--
A THIRD WORLD POPULATION IN A FIRST WORLD SETTING
AN EDUCATIONAL MODEL

A graduate project submitted in partial satisfaction of the
requirement for the degree of Master in

Public Health

by

Charlene J. Krell

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The Graduate Project of Charlene J. Krell is approved:

April 11, 1985

Michael V. Kline, Dr. P. H. Date

Mary C. Parker 4-11-85

Mary C. Parker, R.N., M.S. Date

CB Krishnamurty 4.11.85

Goteti B. Krishnamurty, Dr. P. H., Chair Date

California State University, Northridge

To those who wander: may they find home,
peace and fulfillment . . .
refugees once, now productive citizens in
new lands

ACKNOWLEDGMENT

I would like to thank Mrs. Lynda Philipp and Dr. Peter Hang, members of the American Indochinese Association of the San Fernando Valley, for informing me of the plight of the Indochinese refugees now making their homes in the Los Angeles area. I thank Leona Pang, Suon Thach, Lisa Hue Bray, and Somalsy Reang for their input. To all of the people involved in refugee health and health sciences who gave their time to review and comment upon my model, I say, "thank you."

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ABSTRACT

HEALTH PROMOTION FOR INDOCHINESE REFUGEES--
A THIRD WORLD POPULATION IN A FIRST WORLD SETTING
AN EDUCATIONAL MODEL

by

Charlene J. Krell

Master of Public Health

The purpose of this project was to develop an educational model to be used in the implementation of a health promotion program for Indochinese refugees. The objective, as described by the model, is to train individuals within the refugee community so that they, having information about health, can assist peers to seek and maintain better health in their homes, with their families and in their community.

The model includes content, complete with measurable objectives and varied learning opportunities, most of which would not require literacy skills. Topics include the development of a health promoter program, self-care, and specifics such as public and environmental health, child care, first aid, dental care, sexual health, and family planning. Suggested resources are provided to assist the implementer.

The educational model was sent to sixteen persons involved in the fields of health science, refugee health, or health education. Each

was sent a cover letter requesting their validation responses to the model. Eight individuals (50%) responded with a 75 percent rate of positive responses.

Recommendations by the validation panel were considered, and appropriate changes made or considered for future addition. Involvement of the experts provided some vehicle for dissemination of the model. Additional international exposure is planned.

The author is encouraging implementation of the health promotion concept, as presented in the educational model, with the appropriate situational modifications. The concept is seen as a widely applicable one targeting a variety of age groups and in a variety of settings. Implementation of the model is expected to further validate and refine the health promotion concept.

CHAPTER ONE

Introduction

During the course of the past several years, the author has worked as a school nurse for the Los Angeles Unified School District. She also has worked as a community health educator on field assignment in one of the Los Angeles County Department of Health Services centers. While working in these two capacities and completing requirements to earn the Master in Public Health Degree from California State University, Northridge, she has encountered various populations of third world people having come to make their homes in Los Angeles, a first world city.

In 1983, the author was one of a group of people who developed a Health Promoter Program for Central American refugees on behalf of Central American Organization Santana Chirino Amaya (COSCA), parent organization of El Rescate and La Clinica Monsenor Romero. The population served by these organizations consists mainly of El Salvadorans, not legally defined as refugees, seeking refuge from the devastation of war in their country.

The concept of the Health Promoter Program developed for use in La Clinica is based on earlier programs. Consisting of designs developed by David Werner for use in Central and South America and Mexico, these utilize indigenous workers to assist their peers toward better health.

In 1984, when asked to provide health education to a second third world population living in the Los Angeles area, the author developed some curriculum materials for the American Indochinese Association of the San Fernando Valley. This was presented before a Cambodian audience with the help of bilingual health education assistants employed by the Los Angeles County Department of Health Services. Although a needs assessment was done, much of the content portion was based on previously developed material.

The educational model offered in this project is Appendix E in this paper. Utilizing the material developed for the informative presentations, the author has added much content and many more learning opportunities and resources. Although the model was developed for an Indochinese target group known to the American Indochinese Association of the San Fernando Valley, the author is encouraging wide circulation and refinement of the model as a teaching tool. The model has been sent to sixteen persons involved in either Health Science, Refugee Health, or Health Education. All recipients were asked to help evaluate the model as presented. Their responses will be discussed in Chapter 4.

Statement of the Problem

Upon assessment, the refugee population was found to be greatly in need of health information. There was evidence of the use of folk medicine, such as the use of pulverized duck bone to treat a post-partum problem. The reader is referred to Appendixes A, D, and the Justification section of Appendix E for more information and documentation of refugee problems.

In tragic situations now common to millions of people throughout the world, the refugee population known to the American Indochinese Association of the San Fernando Valley, had come from developing or third world countries in which medical care had been lacking. Many of the refugees living at Valerio Gardens had evidence of severe dental problems. The presence of decay was obvious along with gum problems. Some of the refugees were very thin and one child had the large abdomen and the light reddish coloring of the (normally black) hair seen in malnutrition. Children could be seen consuming candy and popsicles.

The refugees at Valerio Gardens were found to be living under conditions of extreme overcrowding, far exceeding the standards allowable by the Los Angeles County Department of Health Services (44). These would allow for only five occupants per apartment, which consists of approximately 2700 cubic feet of space.

An inspection of the premises by the Environmental Health section of the Los Angeles County Department of Health Services revealed infestation by cockroaches as well as many other unsanitary and unhealthful conditions. The owner of the buildings was under order to make various improvements within a time frame. The apprehension that this produced in the refugees was not a pleasant thing to behold. Some moved into different apartments or "ran away," causing the manager to insist that they forfeit all deposits. It probably did nothing to increase the rapport with the Department of Health Services as a source of care.

The crowding is a sequel to economic and cultural standards. Many of the "families" living in the apartments are not actually blood relatives, rather they are collections of individuals from parts of families. Many family members have been lost because of conditions of war in their countries of origin. In order to exist on the amount of money allotted to them by the Department of Public Social Services, these people have joined into their large households living in groups of up to eighteen people in an area ideally suited for no more than five (61).

Culturally, the Indochinese lived in multi-generational households prior to resettling in the United States. Their world-view of life in close proximity to others is greatly different from that of Americans.

Substantiating the need for more information about the importance of cleanliness and the causes of communicable disease, children were seen running about with little or no clothing, sharing scraps of food and urinating in and around the buildings in the complex. Paradoxically, infants and new mothers were dressed very warmly even though the daytime temperature was quite warm. On another occasion toddlers could be seen scantily dressed despite February cool breezes.

There was evidence of food left sitting at room temperature in some of the kitchen areas although refrigerators were present. The author had this recollection as she participated in a Cambodian New Year celebration at which all sorts of culinary delicacies were served to her. The origin or nature of the foods remained rather elusive.

The use of Department of Health Services facilities remained poor, even though the distance from the apartment complex to the health center is not great. A check of utilization of the health center prior to and following the health education presentations that were made, revealed that utilization, in fact, was lower by a small number after the presentations (45). The participation audit occurred about eight weeks after the inspections by the Los Angeles County Department of Health Services.

There was evidence of overuse of medical resources, but in an inappropriate way. One woman encountered by the author had received numerous ineffective treatments for physical ailments. There was a high likelihood that her symptoms reflected her mental state. There is documented evidence of the need for counseling for the refugees who experience an extreme culture shock when transplanted from a rural to a highly urbanized setting in a completely different culture (36).

Finally, there is evidence of a great deal of dependence upon a volunteer social worker who has been attempting to help the refugees meet their needs for the past several years. Her services have included serving as advocate and transporting them to various services and perhaps, unwittingly, fostering a dependency which the people might be able to give up if they were more informed about health, resources, self-care and prevention.

Purpose of the Project

The author is presenting an educational model to be used as a teaching tool by persons interested in developing health promoter programs. The focus of this model, developed for the American Indochinese Association of the San Fernando Valley, is upon training refugees from Southeast Asia as health promoters. The role of the trained health promoter is described in the Definition of Terms section of this Chapter. The reader will also note that there is a job description section at the end of Appendix E.

The information in this model is organized so that it can be taught in a variety of settings to orient lay people about health and ways in which they can utilize their expertise in language and communication with members of their own group to help them to health, to serve as their advocates, and to teach them in formal or informal settings, depending upon the goals of the organization utilizing the material. The knowledge gained from the material is intended to help bridge the gap between the refugee's background, over the river of uncertainty and overwhelming change, toward adjustment and informed practice of health-promoting behaviors in a new culture.

If utilized with other groups such as scouts or parents, the intent would be to raise their awareness of health-promoting behaviors and concrete activities in which they can participate to maintain or improve their health, safety, and well-being.

Assumptions

In providing a model to be used in the instruction of lay refugees, the author is assuming that there is a need for such model, and that when used, it will be of considerable aid to the organization or instructor who will use it. A second assumption is that knowledge gained by health promoters, trained by means of the use of this model, will filter through the refugee community, raising the level of wellness of all its members.

Limitation

The major limitation of this model is that it represents a theoretical presentation. Although the author has been involved in a program in which something similar was developed and utilized in a Latino population, this model, aimed at an Indochinese refugee target group, has not been implemented. Practice may indicate some major or minor changes.

Definition of Terms

The reader will find a list of terms which have special significance to the Health Promotion Educational Model as presented. The terms are listed alphabetically for convenience.

American Indochinese Association of the San Fernando Valley (AIASFV): This organization began in 1975, under the auspices of a Presbyterian Church in Reseda, California, to assist Indo-Chinese Refugees being resettled in the area. It is composed of both Americans and Indochinese, and currently is a joint recipient of a grant to aid in refugee job training. (Also see VOLAG.)

Administrative Clearance: This term, in the sense of the model, is the approval of a proposed program by an organization. Implicit in this notion is that the material or philosophy is in keeping with that of the organization, that there is sufficient budget, and that all necessary criteria for implementation have been met.

Advocate: This is a person who may have some special orientation and who serves as a liaison between a client and a provider of a specialized service such as health care or social work. The advocate may provide such services as transportation, language interpretation or explanation of procedures and policies to the client.

Barrier: A barrier, as used in the model, is the notion that something is preventing the individual from seeking medical care or from practicing a certain health behavior, i.e., health care is too expensive and/or the health center is too inaccessible.

Benefit: A benefit is the notion that something will have a favorable outcome and improve conditions. If one believes that a certain health practice will prevent him from illness or disability he will likely practice it.

Choke-Saving Activity: Choke-saving includes a set of rescue techniques in which a trained person can save the life of someone whose airway is blocked by a foreign object in the throat or trachea. Choke-saving includes observation to see whether or not the person is able to cough or speak. If not, four back blows are administered between the shoulder blades. If this does not dislodge the object, the rescuer then locks his arms around the torso of the victim and presses the fist of one hand with the palm of the other inward and upward just below the victim's rib cage. The diaphragm is forced upward and air from the lungs pushes the foreign body upward and out of the mouth. Should this fail, the sequence is repeated until the victim loses consciousness. These techniques are composites of the maneuver developed by Dr. Henry J. Heimlich, The American Red Cross, and the Committee on Emergency Medical Services (3, 22, 34).

Child Passenger Safety: It is now California Law that any child under age four and weighing less than 40 pounds, must be adequately restrained in a child restraint with seatbelt attached while riding in an automobile. The goal of the law is to lower the statistics of deaths attributable to auto accidents.

Community Assessment: In the language of the model, this is a process whereby an individual or individuals attempt to learn about a community--a system of people sharing a common space or philosophy. Assessment may include attempting to describe needs or problems common to that community. It is one of the preliminary steps involved in program development.

Coordinator: This person would be the trainer and/or the supervisor of the health promoter. The coordinator ideally would be a person informed about health and responsible for the work of the practicing health promoters.

Culture: Culture includes world-view of a people. This very broad term includes--but may not be limited to--belief, value, custom, language, and thought.

Deciduous Teeth: Deciduous teeth are those normally-shed by humans and some mammals and replaced by a second set, or permanent set of teeth.

Dehydration: This is a term to describe a condition meaning literally without water. When the body loses fluids because of illness such as vomiting or diarrhea, needed electrolytes such as sodium and potassium are also lost. In infants and small children, the condition can quickly become life-threatening. Symptoms usually include skin dryness, loss of elasticity, sunkenness of eyes and fontanelle, decreased urine output and weight loss.

Emergency: An emergency is a situation which usually occurs rapidly and in which instance a person's life or health are in jeopardy.

Fever Control: Fever is a condition in which the body responds to the invasion of a disease-causing organism or other invasion such as surgery. The body temperature rises above the normal 98.6 degrees F, and may reach dangerous, convulsion-producing levels, especially in small children and infants. Techniques of lowering the temperature can easily be taught to parents and include: sponging with tepid water, giving fluids, thermometer technique, and rechecking the temperature frequently.

Folk Medicine: This term has cultural overtones. Folk medicine includes— but may not be limited to—the practice of certain treatments or rituals designed to improve health or prevent illness. Folk medicine may include the use of plants or herbs as medicines or the wearing of amulets for protection, such as a camphor ball around the neck (30). The practice of folk medicine may be encouraged by health professionals and may coexist with the use of traditional western medicine. The currently-accepted view of folk medicine is that folk medicine may be acceptable as long as it is not known to be harmful.

Health Center: This term, as used in the model, describes a building housing health services, organized and maintained by the Los Angeles County Department of Health Services. The health services provided are available at low or no cost.

Health Promoter: As used in the model, the term describes a lay person, or one with no prior medical training, who receives limited training in health, self-care, and preventive health. The overall goal is that he or she will share this information with peers in a formal or informal setting and help them to acquire or maintain an improved state of health or level of wellness.

Indochinese: This term usually describes people or cultures from Southeast Asia. The countries most often included in this description are: Vietnam, Cambodia (formerly Kampuchea), and Laos.

Job Description: A job description lists the duties of the health promoter and the coordinator of the health promoters. The purpose of the job description includes definition of the skills necessary to carry out the job. The description can be altered to fit the needs of the situation as can any of the model. The reader is referred to the Appendix section of the model or Appendix E.

Learning Opportunity: A learning opportunity is an activity which, ideally, appeals to one or more senses of the learner (19). These activities are specially designed by the author of the model and would optimally be presented by the instructor to enhance the learning by the student health promoter. The instructor may feel the need to change, add, or delete learning opportunities as indicated.

Los Angeles County Department of Health Services: This is a tax-supported division of County Government. The overall goal of the entity is to foster and protect the health of the citizens of the County by means of offering medical care, immunizations, environmental services, health education, nursing services, and monitoring of communicable diseases and deaths.

Model: In this project, the model is an example of something that could be created by interested parties: a health promotion program for Indochinese Refugees. The model is meant merely to serve an exemplary function and can be altered in any of its aspects to fit the needs of the user.

Organization: This term, as used in the model, conveys the notion that most refugees are served by or are in contact with some type of benevolent organization, either world-wide or local.

Peer: In the sense of the model, the peer is intended to signify another Indochinese refugee. It can literally mean anyone who has like qualities of the person under discussion. Peers can be age-mates, compatriots, or persons with like interests or qualifications.

Practice Component: This can mean the same as a learning opportunity, or may be included in the learning opportunities. An effective educational model should provide opportunity for the learner to practice a new skill (19).

Prevention: This includes the notion of seeking to avoid some undesirable occurrence such as illness, by taking certain precautionary measures. These might include health-seeking behaviors such as having one's children immunized.

Primary Health Worker: This term can be synonymous with health promoter. This is a person who would likely have first contact with the client. Since the majority of illnesses are never seen by physicians for various reasons, the primary health worker might be the only person to see the client.

Public Health: This is a discipline that has to do with the study, delivery, control, or enhancement of the quality of health of the public at large.

Refugee: A refugee is a person who is outside his or her country and who has reason to fear return and persecution because of ethnic, religious, national, social, or political factors.

Refugee Community: In the case of the model, the refugees known to the American Indochinese Association of the San Fernando Valley are the members of the refugee community.

Recruitment: This is the enticement of individuals to participate in a health promoter training program.

Role Playing: This is a type of training activity or learning opportunity. "Trying on" a role is an opportunity to practice new skills in the non-threatening environment of the class. This model is replete with this type of practice because of the fact that the design is intended for people who may not have the ability to participate in activities requiring the use of reading and writing.

Self-Care: The notion of self-care describes taking responsibility for one's own health and learning to care for oneself, family and immediate environment, and engaging in health-seeking or disease-preventive behaviors.

Target Group: The target group is a collection of individuals to whom a program is geared. The characteristics of the target group should always determine the type of material that is taught.

Training: In the context of the model, this term connotes teaching until the learner is proficient. The entire health promotion model deals with training and demonstration of proficiency by the learners.

U.N. High Commissioner for Refugees (UNHCR): This person is a top official in the United Nations who oversees refugee programs throughout the world. The role includes publication of information about refugee problems and their disposition. Definition of refugee problems and administration on behalf of refugees is a world-wide problem and is overseen by the United Nations. The UNHCR has legal power and deals primarily with refugee problems of an emergency nature (69).

VOLAGS: These are voluntary agencies which address themselves to the problems of refugees. They may be international or local in scope, and offer various emergency and resettlement aid to refugees. An example of a VOLAG would be the American Indochinese Association of the San Fernando Valley. An example of an international VOLAG would be the World Vision Organization. The interested reader is directed to the resources portion, Self-Care section in the model, in Appendix E.

W. H. O.: The World Health Organization, headquartered in Geneva, Switzerland, assists the United Nations in dealing with health and refugee health problems throughout the world, but especially urgent problems potentially affecting health (69).

CHAPTER TWO

Review of the Literature

A literature review of the many topics covered in this paper could become unrealistically lengthy. This chapter will deal with and substantiate some of the concepts included in the model, Appendix E.

Overview of the Health Promotion Concept

The overview section will briefly examine a portion of the available literature dealing with the health promotion concept. Various authors have documented the desirability of health care which is provided by those close to the people who will be served.

David Werner aptly sums up the need for the primary health worker, or health promoter as described in the model presented. He sees the primary health worker as someone who is close to the people served, more appropriately, one of them (81). Although physicians or health care providers may be in a physical proximity to the people who need their services either for health treatment or education, potential clients often do not use available services (30). Many programs give lip service to helping people, such as rural villagers in developing countries, or third world city dwellers now living in the first world cities. Such providers are often paternalistic or oppressive to those in need of services (80), Werner feels.

Many health care professionals are accustomed to a certain pattern of delivery of health care, which involves dispensing of care rather than encouraging it from within the population in need. David Werner, an advocate of primary health care training and self-care, who has conducted programs for many years in Mexico, believes that health care should be something that emerges from within the target population.

Some of Werner's principles include:

1. Health care is everybody's right and everybody's responsibility.

2. Informed self-care should be the goal of any health program or activity.

3. Ordinary people, provided with clear simple information can prevent and treat more common health problems in their homes earlier, cheaper and often better than doctors.

4. Medical knowledge should not be guarded by a few, but shared with everyone.

5. People with a little education can be trusted just as much as those with a lot, and they are just as smart.

6. Basic health care should not be delivered, but encouraged (18:97).

Too often, in third world or developing countries, Western medicine has been imported, has been too expensive, and has been too distant from the people, and, therefore, not accepted by the people (23).

The themes espoused by Werner, then, were central in the development of a preceding program described by Campos and Krell (9). Some of these were carried forward into the development of the model as found in this paper.

Review of Pertinent Utilization and Application of the Concept

This section will examine some of the available literature describing health promotion programs that have been developed and implemented. The importance of an examination of such data is that it can serve as a guide for persons interested in developing new programs.

The utilization of indigenous persons trained as health promoters or primary health care workers has been described by many. This author has consulted the work of the following writers:

Callen's program (8), involving training and supervision of rural primary health care workers, describes a one-year training program, supervised by a physician and/or a nurse practitioner. The student trainee is seen as an entry-level health care worker, providing upward mobility for a minority group as well as service to peers.

The program begun by Campos and Krell (9), and still in operation in a Los Angeles area heavily populated by Salvadorans, is a ten-week training program for health promoters. They work within a population known to a small voluntary clinic, which derives most of its support from churches and a parent Central American Organization (COSCA). Please see chapter one for a further explanation. This program utilizes indigenous workers and is conducted in Spanish.

The program discussed by Columbo and associates (10) also centers around urban poor. This program involves training of "neighborhood health coordinators" as outreach workers, whose mission is to increase utilization of preventive services at a large health maintenance organization. Immunization and tuberculin skin test services rendered are noted to have increased as a result of the efforts of these persons.

Fendall (17), who has had considerable international experience, focuses on the importance of the traditional health care delivery system and the degree of support that it will give a primary health care program. He feels that each can adequately support and refer to the other. Training and supervision from the outset are seen as issues crucial to the success of a primary health care or health promotion program.

Freeman's (20) discussion of the training of community health care workers in California is an interesting statistical package discussing a demographic profile of primary health care workers trained and functioning between 1967 and 1976. The training of the primary health care workers is described as an entry level into a marketable skill. The majority of the workers is described as involved in patient advocacy and health education, and the Department of Health Services the ultimate employer of most.

Grant (26) describes a program designed to help a population in rural Oregon. This program focuses on training to help people make adequate decisions about when to seek health care and the apropriate type of care to seek. Local classes are held and local health care providers are utilized. Problems of the very young and the aged receive priority. He envisions the concept as applicable in an urban setting.

Writing in the South African Medical Journal, Hansen (31) elaborates upon the idea that the role of the physician must change from that of the personal provider of health services to that of a leader of a team. He believes that through training of auxiliaries, health skills and knowledge can be made available to everyone.

Mendoza (50), writing as an ethnically sensitive individual, describes her observations of already existing systems within the elderly Hispanic poor population living in San Diego County, California. She cites advantages to health care and other agencies which might tap the natural "helping structure" of peers. She sees these as support systems involving non-family members whose bonding has become as strong or stronger than kinship. This could be compared to phenomena observed by Philipp (61), whose observations led the author to undertake an intervention targeting this population.

Activities described as being performed by "Servidores" observed by Mendoza, included preventive health services such as taking people for health care. Translation from Spanish to English on behalf of health care providers or clients was another function provided. Many were observed having informal talks with peers who had a need to discuss problems. Education of newcomers, job and legal referrals, childcare, and errands, were also part of the work done by "Servidores," or natural helpers. Some worked merely as neighbors without pay or formal training; others were found to be part of a church structure, and 22 of 67 surveyed were employed by agencies.

Simmonds and associate editors (69) were participants in an international set of workshops in conjunction with the World Health Organization in order to develop a manual for those who would become health care workers in refugee camps. According to Simmonds and associates, every health worker should be a health educator. Refugee Community Health Care points out that trained refugees can become invaluable in a liaison role between the people and the recognized health care system. Other advantages realized by the trained refugee health promoter include acquiring valuable skills for use at a later time, easing of the workload of the professional workers, alleviation of boredom through loss of regular activity in the country or location of origin, and increased understanding of old and new cultural behaviors.

This source is excellent for a how-to approach on the design of a refugee camp and the execution of health services. It is quite detailed and geared more to the rural or camp setting than the urban.

Simmons describes a program in which 22 people were recruited and trained as "health agents" in an urban setting (70). She stresses the importance of gaining entry into a community through a leader or member of the organization. This person is invaluable as a bridging person or liaison. A recognized group member or leader's endorsement can make or break a program (70). Simmons feels that the poor do volunteer and can do a very good job. Role playing is touted as a highly effective learning opportunity, and if people are reluctant to disclose themselves, it can be done on a one-to-one basis, as shown in the model found as Appendix E.

Storms' work (73) includes a collection of a great deal of bibliography involving the concept of the auxiliary health worker, which has been titled in various ways throughout the world. This concept is not new; much has been learned through evaluation of various programs utilizing these workers. An outstanding description of the role of the primary worker or health promoter is that this person is the best health resource. According to Storms, the health professional, in order to hope to meet the health needs of people around the world, must begin to think of transfer of skills and technology.

Supervision of the work of the health auxiliaries is also discussed in this lengthy and detailed treatise on the primary health worker concept. The role of the worker must be broad and allow for change and adaptation. Legality involving lay persons in health care is also a related issue, which can become a problem, elaborates Storms.

Storms also explains program evaluation at length. She spells out the need for evaluation of the program by the community as well as by those involved with the program and its objectives.

Where There is no Doctor, by David Werner, and Helping Health Workers Learn, a collaborative work by Werner and Bill Bower, are excellent and very detailed representations of program ideas and central themes which can be utilized in training health promoters or community health workers (82, 83). Both are replete with drawings, readily adaptable learning opportunities, and suggestions for improvisation of materials which would be helpful in the learning process. Both also have reference material and resources that direct the reader to suppliers of health education materials. These have been utilized mainly in Latin American countries. Both books are so well illustrated that they could easily be utilized as texts from which to teach health promoters, although there is no translation into the Indochinese language.

Similarly, the World Health Organization (WHO) book, The Primary Health Worker (85), might also be used in a manner similar to those by Werner. Both the WHO and the Werner books are somewhat geared to a rural population, unlike the model presented in this paper. The Primary Health Worker effectively utilizes content and drawings to address various health problems and concerns. As provided in Werner's books, there are prescriptions for medications to give in certain instances, which could not legally be given within the United States unless by physicians, or in some instances, nurse practitioners under the supervision of physicians. There is an excellent section on how to do community assessment, an indispensable part of any community health program. Some of the assessment techniques were incorporated into the model. An interesting problem-solving approach is included, which suggests that the worker break a problem down into small parts to make each seem less overwhelming.

Prescriptions for group learning are also presented by the WHO manual. Small group assignments, homework, and sharing opportunities are provided. As in Werner's materials, there are numerous suggestions for skits, puppet work, songs, and other graphic learning opportunities which the model presented also suggests. It would seem obvious that when there is a potential literacy problem or a problem of difference in language and culture, that simplistic learning opportunities, very graphic in design, are indicated.

The final concept presented by the WHO is that the health promotion training program must fit into the needs of the situation in which it will be employed. As stated in the model, this author invites others considering the implementation of a health promoter training program to add or delete any material as deemed appropriate.

Yee (86) provides an idea for examination of cultural values which the author does include in various learning opportunities in the model. He describes an ethnically promoted mental health project for Asian youth in an American setting.

In spite of the large collection of works written about the role and training of the primary health care worker, or health promoter, there is apparently no previous health education model written for the Indochinese refugee target group living in an urban setting. Thus, this author concludes that there is an indication for the type of model that she has chosen to research and present.

Importance of Client Involvement

This section examines the literature dealing with the involvement of clients in the development and implementation of programs which will involve them. If the target group is involved in planning, the clients will likely have increased participation in the program, and at final evaluation, it will be likely that a greater number of the objectives will have been met.

Alinsky, a well-known community organizer in the 1960s, gives some interesting "rules for radicals," or ways to organize people, in a manner in which to empower them. One of his "rules" is to begin where the people are (1), then to help them organize around a common issue.

Giovanini and Brownlee provided a historical chronology from the post World War II era, when Western medicine was first imported to other countries in significant quantity. There was not enough social science input at that time, and many programs failed because of a lack of understanding and a lack of input by the people (23). As pointed out by these two authors, as a health worker, it is difficult to impose one's own culture and practices on people. When social scientists became involved in health planning, during the 1950s and 1960s, the importance of involving the client in planning was discovered. Indigenous practices were found in need of examination, and sometimes of endorsement as beneficial and integral parts of health practice. A good understanding of the dynamics of a community, including its physical and its political properties, was found essential (23). Giovanini and Brownlee called for the use of indigenous and culturally sensitive and knowledgeable people in the training and use of health promoters or primary health care workers.

Krell, prior to her first attempt to make a health education intervention involving the Indochinese population living in the San Fernando Valley, was approached by a voluntary organization, AIASFV (45). The community assessment and attempt to involve the client that followed, can be seen as a three-tiered process. First there were interviews of members of the client organization such as Philipp (61, 62) and Hang (30), then visits to some of the residents of Valerio Gardens. Ultimately, there were interviews of others who were part of the ethnic community, now professionally involved in health care, including Pang (60) and Thach (74). Input from these individuals ultimately determined the material that was included in a series of health education presentations at Valerio Gardens in Spring 1984. Much of that material in addition to some material from Campos and Krell (9), is the basis of the content for the educational model set forth in this paper.

Newell (56) calls for the involvement of the people in making health care truly by the people. Although he endorses health care based on modern, scientific knowledge, he includes the fact that traditional health practices accepted for centuries by the people must also be a basis. He calls for local control in health care and the use of trained intermediaries between a health care delivery system and the people. Newell feels that health care delivery is not meeting the changing needs of the people in various settings. Perhaps, as observed by Hang (30), the Indochinese people do not use the services provided for them by the Los Angeles Country Department of Health as readily as they might because their input has not been sought in any aspect of the planning for such services.

Simonds, writing in the International Journal of Health Education (71), states that a main goal of health education is securing the participation of people who will decide what their needs are. They must be included in the process of the preparation of health programs for the future. He feels that the contribution of the Women's health movement has been great in getting people to achieve more of their own goals rather than those of the system. He calls for the abandonment of arbitrary and oppressive programs which impose their goals upon the people rather than encouraging the process of change from within the community.

Werner's voice has been loud concerning the topic of the imposition of international programs upon developing countries. In a graphic pyramid, he sketches the "what is or has been" and "what should be" [the quotes are this author's]. Too often, there have been programs begun by people from the outside of the community, who came and imposed them upon the community, only to have them fail. His sense of the proper order of things would be a minimization of intervention from the outside, and more utilization of people from within the community, such as trained local caregivers, mothers, and schoolchildren (18, 80, 81). He sees the use of antibiotics, for example, and the referral of people to doctors expecting to receive them, to be very negative, if, in fact, not dangerous, occurrences in developing countries. Inappropriate care, as well as lack of local input, are seen as impediments to relieving the low health status among the poor, especially in developing countries. He calls for relevant use of health promoters whose input will be sought and whose role will be relevant to need.

Definition of Key Concepts

This section will serve to define the key concepts included in the model. The concepts, as cited, are supported by the literature.

Self-care is one of the key concepts on which the model is based. Zola (89) describes self-help as a movement from outside the medical profession, a new social awareness that will help change the emphasis from curative to preventive care. He sees self-help as yet another variation of an old American tradition. Bennett describes self-care and self-help as being applicable to the small "aches and pains," or learning how to behave differently to care for oneself (5:3). Both Bennett and Green (3, 28) see the self-care trend as helping move medical care away from the monopoly that the medical profession has long held over the diagnosis and treatment of illness.

Ferguson (18) describes self-care as a change in the basic patterns of responsibility for medical care, toward control by lay persons. Noting the proliferation of health material available to the public, he sees a change in the consciousness of the public toward health awareness. Freer (21) and Green (27) have undertaken social measurement studies to create a body of information about attitudes toward self-care. Although there are no definitive results, they conclude that self-care is widely practiced, and appear to concur with Salber and Werner (64, 80), who elaborate upon the role of family, especially the mother, as the most important care-giver. She notes that most illness is never brought to the attention of a doctor.

Green (28) sees self-care as yet a middle-class phenomenon. The disadvantaged may not accept the concept, he feels, unless they also have access to medical care. Wagner and Rullo (78) attempt to address the self-care needs of the Indochinese population with a medical glossary, written in Indochinese languages, and serving as a helpful home medical guide. Although not comprehensive, it is widely used in Asian health care at present.

Levin (48) feels that although medical technology has become highly sophisticated, it has not really addressed the issue of improved health. Nor is medical care as purveyed today generally cost-effective. He sees natural caregivers as being empowered by means of practicing self-care, and society in general enjoying gains or improved health. He endorses both a holistic and alternative emphasis on health care. In a related article, Levin describes "patient education" as an actual attempt to increase compliance with the dictates of the traditional system. In the model provided, this author presents the educational material with a mixed emphasis. Krell feels that the Indochinese, not yet having become acculturated, need orientation both to the medical and the self-care models.

In her summation of self-care, Milio (51) concurs with Werner as quoted in Ferguson (18), that many people understand more than physicians expect. Home care, according to Milio, is relevant for a variety of illnesses. She notes that "ordinary people can learn both simple and complex skills (51:137)." Inner-city people, as she continues, are ill more frequently than middle-class people. Therefore, self-care as an organized concept, she believes, could supplement professional care.

Responsibility for one's own health is a theme on which the self-care notion is built. It is also a theme running through the model presented in this paper.

Johnston (39), a young graduate medical doctor, experiments with teaching a self-care class aimed at teaching basics and improving the relationship of people with their physicians, as well as taking more responsibility for their own health. She includes life style as a determinant of health as a part of the curriculum. Two very helpful books by Jones and associates (40) and Insel and Roth (38) also examine life style and self-responsibility for health. Self-inventories are featured at the beginning of each chapter in Core Concepts in Health by Insel and Roth. These are a basis of some of the learning opportunities included in the educational model presented as Appendix E.

Van Parijs (77) sees too much of an emphasis in medicine and health education being placed on illness. He feels that a greater emphasis needs to be placed on wellness including hygiene, preventive measures, nutrition, pregnancy, and birth. The model attempts to address these.

Moree discusses patients and drug regimens (54). Widespread evidence of misunderstandings in the use of medicine, as well as inappropriate use of medicine and the use of folk medicine (67, 76), are certainly an indication for better information about self-care and compliance. However, as Mai (49) points out, traditional care can co-exist with and even enhance professional care as long as the folkways are not harmful.

"Specifics to help people to health" are the core of the curriculum material presented in the model. "Public and Environmental Health" is the first of these under the generalization: "The environment in which a person lives may or may not be conducive to good health." Authors consulted for this section included The American Red Cross (2) which aids in the teaching of the self-care concept with a very helpful book on home care. Bennett's (5) The Doctor Within, a very positive little book, written in simple terms for the layperson, was also consulted for this section. Corrine Robinson's book on nutrition was the basis for some of the content related to that topic (63). Newton's (58) helpful material on environmental health provided some content along the lines of healthful home living as did Burnett and White's Natural History of Infectious Disease (7). Some of Krell's (9) earlier material provided a source for the development of the public health content.

The second sub-topic is First Aid. The generalization chosen to introduce this topic is: "As a health-informed person, one needs to know what to do in event of a medical emergency."

The work of David Werner (80, 81, 82, 83) provided much of the basis for this section, along with that of Campos and Krell (9), Wagner and Rullo (79), and WHO (85). Grant and Murray's Emergency Care (25) and Family Home Nursing by the American Red Cross (2) also lent good ideas for the development of the First Aid section of the educational model. The work of Heimlich and others (3, 22, 34) contributed information on the simple, yet dramatically effective choke-saving technique.

The third sub-topic is "Child Care, Healthy Children, Everyone's Concern." This topic is treated under the generalization: "Prevention of illness is much better than having to care for a sick or injured child." Materials for this section were drawn from a substantial bibliography such as the excellent and comprehensive Textbook of Pediatrics (55), utilized by many physicians, Gutierrez' (29) unpublished, but very creative games manual, and Koepp and Krell's unpublished paper on the digestive system and nutrition (43). A very beautifully illustrated book from England, entitled Mummy, I Don't Feel Well (78), also was consulted, as was Miller and Galton's The Complete Medical Guide (52). Materials from the Santa Monica Hospital Department of Emergency Medicine were used to develop the sections on fever control, colds and flu, and vomiting and diarrhea (13, 14, 15).

"Teeth and Their Care" is the fourth sub-topic, treated under the health generalization: "A healthy mouth and teeth affect and reflect the health and appearance of a person." Gutierrez, Jones, Koepp and Krell, Miller, Nelson, and Wilson provided material for this section (29, 40, 43, 52, 55, 84). An interesting teaching tool from Kellogg provided material on bottlemouth, applicable, as stated in the model, under the section on dental health or that of child care (42). Ron Wilson's book How the Body Works (84), was consulted for its excellent and graphic illustrations of the teeth. Dr. Beck's unpublished manuscript (4) is informative and would be most useful as a teaching tool illustrating the equivalent teaspoons of sugar in regularly consumed foods. A large number of pamphlet sources and references are included in the Resource section of the dental health sub-topic.

"Sexual Health and Family Planning" is the fifth and final sub-topic treated in the educational model, under the generalization: "Sexuality is a normal part of life..." Materials consulted for this section included The Health Instruction Framework for California

Schools (11), outstanding for its outline format of sexual education instruction, and Goldsmith's (24) Life Cycle Library, which provides simple, yet applicable concepts. Lennart Nilsson's A Child is Born (59) and The Healthy Body, edited by Lawther (46), were also consulted for the section. Scholastic Magazine's (16) teaching tool was chosen for inclusion because it is an excellent classroom aid with worksheets that can be reproduced. Gayle P. Young's (87) material on sexually transmitted diseases was also consulted, as was Snell's refreshing book on clinical anatomy (72). Zimmerman (88) and Insel and Roth (38) were consulted because of their sensitive comments on choice and sexual behaviors.

Priority Setting

This section gives an overview of the literature that supports the priority setting, or needs assessment undertaken by the author. This was a very essential step in working with this population and the ultimate development of the educational model presented in this paper.

Saul Alinsky (1) best describes the order of the way in which a health educator should proceed when he discusses, in his rules for radicals, that one must begin where the people are. This author attempted to do this, and to inform herself as much and as thoroughly as possible, through the interviews that were conducted with Philipp (61, 62), some of the residents of Valerio Gardens, Thach (74), Pang (60), and Hang (30).

Second, the author did work with this population during the Spring of 1984, in an attempt to satisfy the request of the American Indochinese Association of the San Fernando Valley (AIASFV). Participation by the author in a Cambodian New Year celebration and the subsequent health education presentations that were made were attempts to meet the population and gain some insight into their lifestyle and culture.

Establishing priorities for the instruction that might be given to the Indochinese population now living in first world settings, was also aided by reading material which lends credibility to the justification for this project. This material would include some substantiation of the health status of the refugees as advanced by De Girolami and associates (12), who discuss the problem of intestinal parasites among refugees now living in the United States. Hartling, the UN High Commissioner for Refugees (32), enlightens the reader on the problems of the refugee child, or one out of every two refugees. Henley (35) discusses Asian patients in the hospital and at home, and provides a very helpful guide to communication with these clients.

Holley and Hussain (36, 37) both elaborate on the mental health of Indochinese refugees, as they overcome the culture shock of being thrust into a very different culture from the one that they once knew. Judson (41) enlightens the reader on the overall health status of the refugee, noting that the incidence of tuberculosis is very high: "14 to 70 times that of the American population (41:183)." Other ills discussed include hepatitis, anemia, parasitic infestation, and low immunization status.

Thuy comments on the food habits of young Vietnamese refugees, advising that once in their new home, they quickly develop a taste for American snack foods (75). Scheutz comments on the dental health of the refugees in a camp setting (66). Their need for dental care is still great, as observed by this author, when encountering them in their Van Nuys, California, homes.

Some of the above considerations were included in the overall assessment of priorities to be addressed in the educational model. Fodor and Dalis (19) advise, among many other very helpful curriculum development postulates, that the characteristics of the learner should be determinants in the development of material to be taught.

Goals of the Health Promotion Program

This section examines a literary rationale for the goals of the health promoter program set forth in the educational model. All of the supporting authors quoted in this section ultimately state that people can learn to take responsibility for their own health.

Alinsky (1) sets forth four concepts which might help define the goals of the health promotion program:

1. People can be united around a cause. In the case of the Indochinese, that cause is improved health for all.

2. People can be encouraged to participate. However, in the case of the Indochinese, according to Philipp, people are reluctant to participate because of poor experiences with having had leadership roles in their own countries (62).

3. People will respond to the challenge. The goal may never be completely realized, but it is there encouraging people to work toward it.

4. People like to participate in solutions to problems that they or their group is experiencing.

Levin provides a goal: People who practice self-care are not sick people, but people who have learned how to maintain wellness through taking responsibility for their own health (47).

5. The health promoter program, by means of teaching people how to help themselves and others to health, seeks to enable them to take responsibility for their own health.

Several authors, including Levin, Mendoza, and Salber (47, 50, 64), discuss the role of natural caregivers in the home and in the community. This concept adds to the goal framework.

6. By means of receiving orientation on how to prevent illness and how to care for simple illnesses in the home, the natural caregivers' role can be enhanced in improving the health of family and peers.

Summarily, the goals of the health promotion program can be very broad, the highest and best being to maintain an optimal level of wellness for every member of the community. This would be accomplished by means of enhancing knowledge about self-care, working in groups, examining old beliefs and practices as well as new, and specifics that would prepare the Indochinese refugee to prevent illness and accident and respond to those situations should they arise. The person informed about health would respond in an appropriate manner to fit the nature of the health problem, which would include knowing when and how to seek professional care. Those who receive the health promoter training would then use their knowledge to help themselves, their families, and their community toward the goals of better health and, ultimately, happier lives, in their area of resettlement.

Identification of Problematic Areas

The following paragraphs address problematic areas discovered in the implementation of health promotion programs. Knowledge of these might help prospective implementers avoid difficulties in the establishment of their own programs.

Campos and Krell (9), in their health promotion program involving Salvadorans, encountered several problems in beginning the program. These included difficulties with recruitment of health promoters, coordination of the program, and early dropout of the participants because of conflicts in scheduling. Some of these difficulties may have been encountered because of the fact that the program was new, and the fact that the promoters were not able to receive a stipend of any type. All felt an acute need to be gainfully employed since all lacked legal refugee status (9). None were eligible for welfare payments because of their undocumented political status in the Untied States.

Freeman (20) elaborates on problems similar to those encountered by Campos and Krell. He found that in examining the status of the primary health care workers in California, most were receiving very low, if any, pay. Funds were lacking for equitable salaries, as was the case with the "Servidores," discussed by Mendoza (50). Freeman and Storms (20, 73) both commented on the problematic nature of the job description and legal status of the health promoter. In California, there was no standard curriculum or avenue leading to licensure of health promoters. This still appears to be the case.

Grant discovered problems with the implementation and completion of the program (26), as did Campos and Krell (9). Training appears to take much longer than the original goal set forth. Recruitment and publicity also can take much longer than planned.

Storms (73) described problems with a disparity between the learning opportunities in a health promoter training program and what the workers were ultimately expected to do in an actual setting. This calls for close examination of the learning opportunities. There is also the need for continuing education, or job orientation, if the trained health promoters are hired by a health agency.

The problem of literacy is a significant one encountered by Campos and Krell (9). This poses problems in recruitment and training. Very effective people might be lost if there is a literacy requirement. If there is a question about the literacy of the program participants, there is a need for very simplistic and graphic learning opportunities, as stated in Chapter 1.

The importance of limitations and problematic areas must be weighed against the benefits of conducting the program. Many of them can be overcome with creativity and patience in the implementation phase of the program.

Evaluation

Evaluation is an important aspect of any formal program. The following literary quotes help establish the rationale for this very important consideration in planning, implementation, and repetition or termination of programs.

The concept of program evaluation was stressed by Campos and Krell (9), Columbo (10), Fodor and Dalis (19), Grant (26), Storms (73), and WHO (85).

Campos and Krell's health promoter program targeting the Salvadorans called for evaluation during the program by means of practical examinations or demonstrations, subjective evaluation by the instructor, and subjective evaluation by the health promoters. The evaluation plan suggested examination of the number of health promoters completing the program, evaluation by the developers of the program in conjunction with the clinic personnel who would be supervising the trained promoters in the field, and of the community and its acceptance of the health promoters (9).

Possible adjustments to be made following evaluation of the Salvadoran health promoter program included curriculum adjustments, expanded or reduced role of the health promoters in the field, and continuing education.

Fodor and Dalis (19) discuss evaluation at some length. Some of their principles are included in the curriculum Evaluation section of Appendix E. They discuss evaluation as an essentially subjective process, which may include the more objective process of measurement of student achievement, or examination. Both of these would be used to see whether the objectives of a program had been met. A part of the evaluation process, then, involves the statement of measurable objectives.

Following the Health Education Intervention at Valerio Gardens, Krell (45) undertook an evaluation of the success of the series. These were some of the points that were evaluated:

The Programs:

1. Number of people attending
2. Materials (including lesson plans)

3. Publicity

The Speakers:

1. Their appearance
2. Their factual information or delivery
3. The apparent interest demonstrated by the audience

The Setting:

1. Appropriateness
2. Cleanliness
3. Comfort

The Community:

1. Change in health behaviors
2. Utilization of clinic facilities
3. Apparent change in the manner in which apartment complex maintained

Some of the factors were very positive; others, including program attendance and apparent changed health behaviors, were not as positive as the author had hoped.

Storms (73) describes the evaluation process in great detail, including the purpose, whether it be done to secure program funding, and for whom it is intended. She warns that the results of evaluation can be misleading. She feels that although there may be a success in an area in which an auxiliary or health promoter is working, that success may not be entirely dependent upon the efforts of that person. Conversely, this author adds, a failure might also be explained by factors other than those of the efforts of the health promoter, or even of the entire program.

Storms also warns that in evaluating a program, it is best to answer one question well rather than flounder in a large data collection, which may neither be used nor is worthy of the time needed to collect it. She also endorses evaluation by means of measurable objectives (73).

WHO discusses evaluation in terms of utilizing measurable objectives, and looking at the performance of the student, the teacher, and the training program. The time for evaluation is suggested as occurring from start to finish and at the conclusion of a program (85).

This author has included evaluation considerations in various aspects of the educational model, Appendix E. Throughout the program from the initial implementation, through the Health Promoter section, the Self-Care section, and through each of the "Specifics to Help People to Health," there are measurable objectives. The Health Promoter section includes evaluation as part of the teaching process.

In summary, a large collection of bibliographic material was utilized in the development of the educational model presented in this paper. Fortunately, there has been a great deal of documentation of various health education programs dealing with providing training programs in various areas throughout the world. Much can be learned from these, as well as from the materials on self-care and the specific bibliographic selections consulted for the development of content of the model. This author seeks to add to the compendium of material at the disposal of health educators interested in developing a health promoter program.

CHAPTER THREE

Methodology

The purpose of this chapter is to describe the means by which the author discovered and assessed the target population, additionally interacted with the population as an obsrver and a participant, and subsequently developed and validated the educational model.

Assessment of the Problem

The author was contacted by Lynda Philipp, a member of the American Indochinese Association of the San Fernando Valley, a VOLAG. Working as a volunteer social worker, Ms. Philipp felt that the refugees would greatly benefit from a health education intervention.

The author agreed to assist this population, and subsequently undertook three types of activities in which to assess the population:

1. Personal interviews were conducted with individuals familiar with the Indochinese refugees and their problems. Some of these individuals were former refugees, now employed as health care providers either in an auxiliary or a professional role.
2. A review of the literature
3. Field activities were conducted, including:
    a. Home visits to refugees known to the requesting agency
    b. Participation in a holiday celebration
    c. Observation of a new-arrival orientation conducted by a former refugee, now employed as a health education assistant

d. Presentation of four health education topics to a refugee audience.

Review of the Literature

The process of reviewing literature pertinent to the overall development of this educational model included a perusal of a number of bibliographic resources. Material utilized included the following:

1. Bibliography dealing with Indochinese refugees
    a. Culture
    b. Problems revolving around displacement and resettlement
    c. Physical illness tending to affect Indochinese refugees
2. Works describing the organization of health promoter programs
    a. Examples of programs in operation
    b. Assessment
    c. Working in groups
    d. Learning new skills
3. Information about the self-care topic
4. Various media materials and library holdings which could be used to assist with the instruction in the health specifics to be incorporated in the model: public and environmental health, first aid, child care, teeth and their care, and sexual health and family planning.
5. Material dealing with methodology
    a. Statistical presentations
    b. Curriculum development

For a more complete discussion on the review of the literature, the reader is directed to Chapter Two.

Development of Goals and Objectives

The goals and objectives utilized for the development of the model are patterned after those suggested by Fodor and Dalis (19). Objectives all fall under broad health generalizations and are relevant to the target group. Content is related to objectives, as are learning opportunities and practice components.

Definition of the Target Population

The target population for which this educational model was developed includes Indochinese refugees, known to the American Indochinese Association of the San Fernando Valley. The refugees in this group number approximately 400 people of all ages, living at the Valerio Gardens apartment complex in Van Nuys, California. The VOLAG serving the target population bases all of its activities on attempts to meet needs of that population. Consequently, group members are defined by geographical location as well as by sponsorship by the organization.

The concepts within the design are broad, however. The author, therefore, by no means is limiting their application to this population.

Development of the Educational Model

The development of the educational model grew from the need to have a working tool from which to present health content to the target population. The organization of the material is similar in design to that offered by Fodor and Dalis (29) and Koepp and Krell (43). The author designed the material so that a presenter has at hand a workable reference from which to draw content and resources for the development of individual lesson plans.

Validation of the Model by Experts

The completed educational model, Appendix E, was sent to 16 individuals involved either in Health Science, refugee health, or Health Education. A list of those individuals is Appendix D. A letter, Appendix C, was sent to each of the potential respondents requesting that they review the model and answer a list of six questions relating to the material presented in the model. The letter-questionnaire was not pre-tested prior to solicitation of response by the panel.

A two-week deadline was set for response to the solicitation letter. This was to ensure prompt reply and to assist the author in meeting committee deadlines.

Collection of data became an unanticipated problem in this project. Responses were ultimately received from eight of the sixteen validation experts, although one telephone reminder was necessary to elicit six of the eight responses. Many found that personal and professional commitments did not allow time to peruse the 278-page document.

Evaluation and Recommendations for Modification of the Model

Respondents selected to serve as validation experts were chosen because of their expertise in dealing with the target population or in presenting health education programs. Half of the sixteen respondents are ethnically Asian; several have been refugees.

The author made several changes in the model based upon recommendations by the experts. Other recommendations will be discussed in Chapter 5.

Implementation

A portion of this material was implemented in one previous project, as discussed in Chapter 1. Additionally, some of the material was presented to a refugee audience, but in a health eduacation forum. The model, as presented in this paper, has not been implemented with this target population.

CHAPTER FOUR

Analysis of Feedback and Adaptation

This chapter will examine the results of the feedback from eight of the sixteen persons whose input was sought by which to validate the educational model. Suggestions for modification of the model will be discussed and for the dissemination of the model.

Discussion of the Ratings by Experts

The number of individuals responding to the cover letter and opportunity to validate this model is very small; therefore, it does not lend itself well to quantitative analysis. There is consensual validation of the model, however. Most of the responses to the questions in the cover letter are positive ones.

The following six questions were posed to the potential respondents:

1. Do you feel that the curriculum guide (model) as developed, provides a helpful and workable tool to aid in the development of a health promoter program?

2. Would you find this material helpful to you or someone in your organization who might attempt to begin a health promoter program?

3. Do you feel that the learning opportunities are relevant to the content?

4. Can you pinpoint any glaring omissions?

5. Do you believe the material, learning opportunities, or even the program concept might be appropriate to the Indochinese populations? Might it be utilized with other populations?

6. What additions or modifications do you suggest?

Responses by the experts are summarized in Table 1.

The figure below illustrates the positivity of responses by the experts responding:

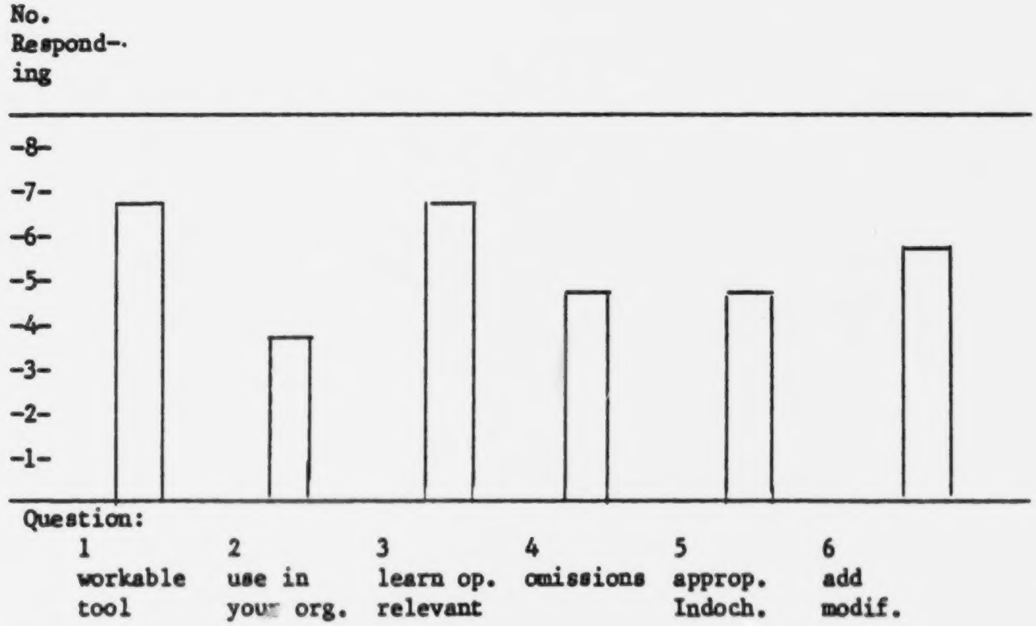

Figure 1

Positivity of Response by Experts

The favorable response of the validation experts can readily be seen upon examination of Table 1 and Figure 1. In response to question 1, seven of the eight respondents felt that the educational model would provide a helpful and workable tool in the development of a health promoter program. One respondent had reservations about the

TABLE 1

Comments by Experts in Model Validation

Expert Respondent						
No. 8	practical resource	Latino pop. can benefit	L. O.* relevant + role play	no omission	yes; can be adapted to others	check health protocols abroad
No. 7	workable and helpful	if have admin. support	L. O. are relevant format problem	place prevention in ch.care	good way to reach the people	some re-arrangement
No. 6	workable tool to aid	did not answer	L. O. are relevant	omission child abuse	did not answer	address ch. ab. low-inc. Asians
No. 5	would be helpful in development	esp. good adult ed.	L. O. are relevant	no omission noted	approp. to this & other	more mental health crisis interv.
No. 4	did not answer	best as health ed, no promote	did not answer	did not answer	concept problematic	several changes, discussion
No. 3	extremely useful in development	did not answer	very relevant format	all relevant info included	simple seem relevant	no change suggested
No. 2	helpful to health providers	did not answer	L. O. & review relevant	very comprehensive	culturally relevant	did not answer
No. 1	very helpful tool	I will use in clinic	L. O. relevant and realistic	huge collection	approp with reservations	realize long time to learn material
Question	1 workable tool	2 use in your org.	3 learn op relevant	4 omissions	5 approp. Indoch.	6 add modif.

* L. O. = Learning Opportunities

concept of the health promoter program, and, therefore, did not comment upon whether or not the material served as an effective tool to assist in the implementation of such a program.

Three of the respondents did not state whether they would utilize the model in their own organizations. The respondent who had difficulty with the concept, as applied to this population, felt that the material would best be presented as health education rather than as a health promoter program.

Learning opportunities provided in the educational model were seen as valid and relevant by seven of the eight respondents. One stated that the role-playing opportunities were especially good. Two were concerned about the format of the learning opportunities in that the format was such that one could not always locate the matching learning activity directly opposite the content on a given page.

Five of the eight experts described the model as "very comprehensive," "a huge and well-researched collection," including "all relevant information." Two additional persons noted that the author might have organized the material differently or that a most important topic had been omitted. It was felt that "prevention" might have been included in the Child Care section rather than in Public Health First Aid or Dental. One respondent cited the omission of Child Abuse as a topic. One respondent did not answer this question directly.

In response to the question of whether the material, the learning opportunities, or the concept might be appropriate to Indochinese refugees, six respondents stated that it would. This material is "culturally relevant," stated one. Others concluded that it would be appropriate to the Indochinese and other groups as well. One respondent stated that while the material is well-suited to the target population, the instructor/s would need to allow enough time for presentation so that the people could absorb a great deal of new information.

The dissenting respondent felt that the material is definitely appropriate, but that implementation with this population would be difficult. The reply of this respondent discussed potential difficulties with Indochinese adults who would be reluctant to become involved with the processes of becoming slightly more knowledgeable than and advising their neighbors about health. Further problems cited would include discussion of health problems, role playing, self-disclosure, and evaluation of a presentation by an instructor. "Indochinese people," she states, "do not question, do not discuss."

Responses to the last question, concerning additions and modifications, netted seven responses with suggestions for change or addition.

Recommended changes by the panel of experts included:

1. Change in format so that learning opportunities would appear exactly opposite the related content
2. Some changes in content to make the personal care section more consistent with the bathing rituals of the Indochinese
3. Additions:
    a. Child Abuse as applied to low-income Asians
    b. Mental health crisis intervention
4. Modification: Investigation of international protocols
    a. Example: In Mexico, three food groups are utilized

b. Terminology among different cultures may vary describing the "volunteer" concept

Utilization of Feedback for Modification

Points made by the various respondents provide valuable feedback to the author. Since four of the eight validation experts are ethnically Asian, and one has worked specifically with this population for a period of time, the responses were encouraging. Specific recommendations for change were added when possible. Since the size of the project was already burdensome, the very important, but lengthy additions of Mental Health Crisis Intervention and Child Abuse Among Low-Income Asians were not added. The author concurs, however, that these would be most worthwhile.

Similar constraints existed in the consideration of rearrangement of the format of the learning opportunities. Ideally, in a less-elaborate model, the format would list the relevant learning opportunity immediately adjacent to the content. This was the intent, but the learning opportunities provided were very detailed, thus did not always remain immediately adjacent. The presenter working with the material should have no difficulty in extrapolating the desired material, since the learning opportunities are numbered and follow the content in order in each section of the model.

Validation

Referring to Figure 1, the reader will note that, excluding question 6, there are a total of five questions which relate to a direct evaluation of the model, its effectiveness, content, applicability, completeness, and appropriateness. There are a total number of 40 possible answers. Twenty-nine or 72 percent of these were noted to be positive.

Dissemination of the Model

In soliciting feedback about the educational model, Appendix E, the author actually sent the material to sixteen persons involved in either refugee health, health education, or health science. It is hoped that although only one half (50%) of that number was able to respond to the survey at this time, there is the possibility that these individuals will refer to the model at a future time, since it was given to them as a gift.

There are plans for three international exposures at the present time. A professor from California State University, Northridge, has offered to hand-carry the model to the World Health Organization in Geneva, Switzerland, in June 1985. The model is to be shared with a Peace Corps worker, now assigned to a post in Africa. An additional possibility is that the material will be sent to health educators in India.

The concept of training health promoters or primary health care workers, is not new; therefore, the paper is not entirely unique, nor is it all-inclusive. There is, herein, simply an opportunity for health professionals, and possibly specially-trained lay persons, to consider the model and adapt it to their needs. It is conceivable that the material might be used in a variety of settings with different age groups.

CHAPTER FIVE

Summary, Conclusions, and Recommendations

This final chapter summarizes the purpose and results of the project. It will include conclusions and recommendations by the author for implementation of the model.

Summary

The purpose of this project was to develop an educational model to be used as a teaching tool by persons interested in developing health promoter programs. The specific target group for which the model was designed included 400 Indochinese refugees living in the Van Nuys suburb of Los Angeles, and known to the Volag, The American Indochinese Association of the San Fernando Valley.

The educational model that was developed is Appendix E of this paper. The completed model was sent to sixteen persons whose input was sought as validation experts. Eight (50%) of the sixteen targeted validation experts returned responses to a set of six questions concerning applicability and design of the model.

Approximately 75 percent of the responses by the validation experts were positive. Changes recommended by the validation experts were made when possible. Major additions suggested for inclusion upon implementation are: Child abuse among low-income Asians and mental health crisis intervention. Minor changes suggested for inclusion upon implementation are: investigation of "international health protocols," such as the inclusion of three or four food groups, and investigation or exploration of a comparable concept to that of "volunteerism" applicable to the target population.

Conclusions

1. Refugees suffer from multiple health problems and may benefit from culturally sensitive health instruction.

2. The literature supports a movement away from health care controlled by the medical profession toward that controlled by the laity, with an emphasis on prevention and wellness.

3. A need exists for a health promotion educational model geared toward the third world person now living in a first world urban setting.

4. Health educators and others interested in refugee health rate such a concept as the health promoter program favorably.

5. There remains a need to implement the health promotion program as presented in this educational model. This will further validate the model and provide for additional evaluation and refinement of the concept.

Recommendations for Adaptability and Application

The author, having perused the literature (8, 10, 17, 20, 26, 31, 50, 69, 70, 73, 82, 83, 85, 86), and having been personally involved with the development and implementation of a health promoter program (9), envisions the concept as a widely applicable one. Creative health professionals or specially trained lay workers should be able to utilize the broad-based curriculum provided by the model from which to develop individual lesson plans. Though the material is targetted to the Indochinese refugee, it might be easily utilized with the other refugee groups or even scouts or children's groups with some selection of topics from within the model.

To facilitate instruction, it is recommended that the material be broken down into small units including the objectives and suggested learning opportunities for specific content. Certainly the user is welcome to add or delete material to suit the needs of the learners, the instructor/s, and the particular situation.

Recommendations for Implementation

Many aspects of implementation are discussed in the section by that title in Appendix E. The reader is directed to topics including Administrative Support, Budget, In-Service Orientation, and Evaluation included in the educational model, Appendix E.

The following considerations will be helpful to the implementer:

1. Recruitment of individuals to become health promoters has not been described thoroughly in the educational model. In the project designed by Campos, Krell, and others (9), the authors and four other health professionals made a presentation of the choke-saver technique at a group assembly. People then self-selected to place their names and identifying information on a sheet. They were later contacted, interviewed, and screened for entry as participants.

2. Personal qualifications of potential health promoters are important. Please see Appendix section of the educational model for a sample screening interview and job description. Interest and leadership qualities are desirable qualities. Involvement of "gatekeepers" or natural leaders of the group is recommended.

3. Incentives are important to participants in an endeavor such as the health promoter program. The type of incentives offered depends

upon the circumstance or budget of the program. If a potential participant asks, "What is in this for me?" and the answer is "not enough," that person may not elect to remain in the program or to participate for the required number of sessions.

4. The implementer of the program must be certain that there is no violation of the laws of the locale in which health promoters would be working. They are in no form to practice what might be described as medicine or nursing, for which they would need a license in many jurisdictions.

5. The implementation of the program might be jeopardized if a health professional from one culture attempts to force his or her values upon a group of refugees, utilizing bilingual assistants. Time, sensitivity, and care on the part of the implementer or instructor are indicated. For suggestions about how an instructor might approach sensitive issues, the reader is directed to several of the learning opportunities within the various topics included in the educational model in Appendix E.

In presenting this educational model, the author is optimistic that someone will implement, further validate, and refine the concept described in this paper. This would be a significant contribution to the area of refugee health, and would hopefully make a significant difference in the health and lives of persons displaced from their homes who come to live as third world people in a first world setting.

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APPENDIX A

Sample Assessment Interview

Personal Interview #5

Peter Hang, M.D.

Member of the American Indochinese Association of the San Fernando Valley

October 16, 1984

Background

Having successfully conducted a series of health education presentations for the Cambodian refugees living at Valerio Gardens and known to the American Indochinese Association of the San Fernando Valley, I had decided to pursue a thesis project of developing a model for a health promotion program involving Indochinese refugees. The purpose of this interview was to meet with a medical practitioner known to the population, gather more information about the population, and to secure his interest and cooperation.

C. Krell: Dr. Hang, it is very good of you to give me your time.

Dr. Hang: It is nice to meet you. What is it that you would like to know?

C. Krell: I am a graduate student at California State University, Northridge, and I am hoping to develop a thesis project for your organization. It would be applicable to any similar organization. The concept involves the use of peer community health workers. I will show you two projects on which I worked during this past year. One was a Health Promotion Program for El Salvadoran refugees living in the MacArthur Park area near Downtown Los Angeles. The other was a series of health presentations involving Latinos and

Indochinese, primarily Cambodians, living at the Valerio Gardens complex here in the San Fernando Valley.

Dr. Hang: Then you have worked with Lynda Philipp. I call her wonderwoman! She does so much for the refugees. They need someone to come and take them by the hand and show them what to do. Let me tell you some things. I think that maybe some things that you say may be a waste because these people just don't use the health facilities run by the (Los Angeles) county. It is really too bad. They could come here (to the Van Nuys Health Center) for prenatal care and so on, but they just don't feel comfortable. The people from Formosa are an exception. They speak more English.

C. Krell: We do see some of the Cambodians coming for T.B. services. We have Mr. Thai Phan, and he can work and speak with the Indochinese.

Dr. Hang: Yes, they do come for T.B. This is because that program was presented to them as a routine from the very first moment that they arrived here. They were told that they had to come.

Let me tell you another problem. Many Oriental women do not feel comfortable having a male doctor examine them. They have more cervical cancer. You know that this can be prevented or treated early, but these women lack the education about these things. This is a cultural problem with the Orientals. They do not permit a very open communication between men and women. There is no touching between man and woman socially, not even a handshake. What these people need is gradual exposure over time. Public Health is very much behind in these countries, and it was even before the war. We are talking about very primitive cultural beliefs. You know that the main countries that we are talking about are: Viet Nam, Cambodia and Laos. The Vietnamese are farther ahead than the Cambodians or the Laotians and Hmong. You know that they come from the mountains of Laos?

Now in Viet Nam there was quite a problem with cholera. This is a bacterial infection, causing epidemics and deaths.

C. Krell: I would imagine that dehydration was a major contributor to the deaths.

Dr. Hang: Yes, that and toxemia. Now they lacked vaccine; but the people wore something around the neck, on the body to prevent cholera. Can you imagine that?

C. Krell: Yes, like an amulet. Catholics might wear a St. Christopher medal to keep them safe from accidents. This would be a folkway.

Dr. Hang: Yes, but the thing that they wore was a ball of camphor. Now you know that this could not prevent the cholera!

C. Krell: No, but if there had been vaccine, it wouldn't have hurt to have encouraged the vaccination and the wearing of the camphor if the belief made them more secure.

Dr. Hang: These people are very conservative and very closed. They are very different from Western people. They have different values. They believe in what Confucius said, that one should treat people with sincerity. They step back and are very quiet.

These people are also very much in shock when they come here. They are in a strange environment. They have seen death and separation. They need adaptation. Lynda Philipp is like a social worker to help them get exposure. Let me tell you a funny joke. This is an example of how strange the environment here can be to the refugee. A country man comes here and stands in front of an elevator. He watches people go in and come out. He sees an ordinary woman go in through the door, and soon it closes, then opens again and out steps a beautiful woman! This must be magic! He tells his wife to go into the elevator and see what is there. She goes inside, presses a button and probably goes to another floor. When the door opens the next time, no one comes out, and he is very puzzled. He sent his wife in and she did not come out.

The use of the elevator is a very ordinary thing to us. When we have a social worker tell a refugee to go to a certain building on a certain floor, to take the elevator and to get to a certain office, he may not get there. He may take a taxi and then go right back home again. He cannot understand all the directions about how to go. The social worker screams at him about why he did not go, and he is in trouble.

C. Krell: Yes, and he loses face, and might advise his friends of the very difficult time that one might have to follow such directions.

Dr. Hang: Yes, the loss of face or respect is very serious to the Oriental. Let me tell you another very terrible story. I am now a commissioner on child abuse. I will soon be speaking on the television. You know about a certain practice done on children by parents to help restore the balance and help a baby to overcome a cold, for example?

C. Krell: Are you speaking about coining? I have heard of it.

Dr. Hang: Yes. This is done to help restore the circulation through the body. The people believe that there is an upset between the forces in the body.

C. Krell: These would be yin and yang?

Dr. Hang: Yes. They rub a coin on the body, and what happens is that capillaries in the skin are broken. They believe that in this way they can remove the dirty blood. This causes small or not so small bruises, and people think that this is an abused child. You know about the Mongolian spots too?

C. Krell: Yes, they are often seen on the backs or the buttocks of infants of Asian and other dark-skinned races.

Dr. Hang: Yes, and sometimes these can be on the arms and the legs too. There are other ways that bad blood can be released such as by taking a small piece of glass and cutting the skin, then either sucking it, squeezing it or creating a vacuum by putting a cow's horn over the cut and sucking on it. The Vietnamese learned a French version of this, which is done using a bottle and a lighted alcohol applicator. The alcohol burns and uses all the oxygen in the bottle and also leaves a bruise on the skin.

In the tragic case that I had in mind, the mother of a baby had used the coin and someone had called the police. You know how neighbors can report things especially when people live close together. This mother admitted having done this to her child. She was taken and put in jail and the baby was put in a foster home. Coincidentally, the mother was raped while in jail.

This was a tragic case of lack of communication and lack of English on the part of the mother. Because of this she and the baby suffered. She was doing what she thought to be a good thing for the baby. She could not understand what had happened. This is why sometimes the people stay to themselves.

The proper handling of such a case should be done with a bilingual consultant or social worker to help determine what has happened. These people also have believed many things for a long time and they are not going to give up soon. They have some trouble with other groups because they don't understand their ways.

C. Krell: Yes. For example, there are two groups, Cambodians and other Asians as well as Latinos, living at Valerio Gardens. There is quite a bit of conflict over the use of swimming pools and the grounds. It seems that the Latinos are much more aggressive than the Asians and don't allow them to use the pool and the outdoor space. The Latinos call the Asians "Chinos," and they really don't seem to realize that they come from different countries.

Dr. Hang: Yes. Since there are problems, the best way might be to have different time periods for each group to use the pool.

C. Krell: That is a very good idea. I don't know whether that has been tried. I will suggest it to Lynda Philipp to discuss with the Valerio manager. It is true that the Indochinese have many psychological problems. I worked with Lynda and a group here within the County which was to be receiving some funding for counseling services here in the Valley. I must ask her about the development of that center. It was to serve both Indochinese and Latinos. You know that there have been few services in the Valley, and the people have had to travel to the Refugee Services Center downtown for any type of counseling services.

Dr. Hang: Yes. Many times the people don't respond to going for counseling. They do better on a home visit on a one-to-one basis. This has been a very important way to reach them. Education is very important for these people. We have a special day like a holiday for them. Then we get them together and teach them something. This is done at a church.

C. Krell: That would be the Presbyterian Church? The A.I.A.S.F.V. (American Indochinese Association of the San Fernando Valley) is under sponsorship of that group, isn't it?

Dr. Hang: Yes, but now we are very tight. There is not much money for programs. Right now we are working on vocational training. I just got some people trained in computer operations. They did very well. We placed them all in jobs.

C. Krell: I also told Lynda about some computer operation training taking place last spring. Were the people you just spoke about among the Cambodians? I had discussed this population with Dr. Seliger at Northridge University. Several received the training, did very well, and were placed in jobs, but then had poor performance because the expected work was different from their training.

Dr. Hang: No, these were Chinese, and all are still working except one, a woman whose child became sick. You know that this is very important for them to work. I don't know how to say it, but this gives them, uh, makes them proud.

C. Krell: You might say that it raises their self-esteem. I also heard about a program that was teaching ladies to sew.

Dr. Hang: Yes, pride. Self pride. The sewing maching program is ours. You know, these people must get off welfare and on to workfare. It is very important. They may feel that their English is not good enough, but I say to them, "Go out and learn."

The young people are the ones who are relly learning fast. They go to American schools, quickly learn and get good grades. One thing about the Oriental cultures is that the children are taught to respect their parents. One group in San Jose invited all the families of the students and had a special ceremony to honor the students who had achieved Honor Roll status. This gave the Oriental kids real pride as they stood up and showed their certificates.

Some of the parents worry, though. They don't want the children to forget the culture. I have helped start five Saturday schools where the children attend to learn about their cultures. These meet in churches. This keeps the kids off the streets and away from gangs. There are some after school programs too.

C. Krell: Would it be possible to include a Health Promotion scheme in conjunction with the schools that you mentioned?

Dr. Hang: Health is part of it, but the children learn more language. They can learn about health in their regular school.

You know, the Oriental cultures look at the behavior of the children from the standpoint of the whole community. Their behavior reflects the teaching of their parents. If a kid earns good marks in school, the parent says that it will make him look good in the eyes of the community. If a kid does something wrong, it will be thought by the others that the parent didn't train the kid properly.

Some parents are too hard on kids. There was one father who was really punishing the kids in his family. I just went to McLaren Hall to visit them. He was hitting them with a big piece of wood. These people need education that this is not necessary.

They have to learn that they live in a new place with new laws. We have to teach them and to raise their awareness about so many things.

There are so many things that I could tell you. There was one family who had a kid with a stomach pain. They burned all around his umbilicus to let out the disease, and the burns became infected. He then had to come for evaluation and treatment with antibiotics.

C. Krell: Do you see many people with intestinal parasites?

Dr. Hang: It is getting better these days, but I routinely do stool cultures. Many of the children have ascaris and pinworms. In many of the countries, the children would wear pants with special openings in the back and the front. The child would defecate on the floor, then the mother would call the dog and he would clean up after the child.

C. Krell: Then no doubt the child would clean up after the dog, and so they would share their ascaris!

Dr. Hang: (laughing), Yes, that's right! You know, we've had a problem teaching these people to use diapers. They would get disposable diapers, but then not change them until they would be so wet and the soil would be sticking to the skin. It really takes such an orientation for these people.

You know that some people who are of the Buddhist Faith don't believe in killing things. I have a friend whose phone I asked to use. It was just covred in cockroaches because he didn't believe in killing them.

C. Krell: I'd really like to foster this Health Promotion Program that I mentioned to you.

Dr. Hang: I think that there is a problem with leadership. The Cambodians and also the Lao are so far behind the others-the Vietnamese, the Koreans, the Chinese and the Japanese.

C. Krell: Dr. Hang, (extending hand), it has really been so nice having you explain so many things to me about the Oriental cultures. I have enjoyed it very much.

Dr. Hang: I'm sure that we can meet again. There are more things that I will remember to tell you..

APPENDIX B

Partial List of Asian Resources

PARTIAL LIST OF ASIAN RESOURCES

Asian American Drug Abuse Program 5318 South Crenshaw Blvd. Los Angeles, California 90043 (Japanese, Korean, Filipino, Chinese, Samoan)	Tel: (213) 293-6284 293-6291
Asian Community Service Center 14911 South Crenshaw Blvd. Gardena, California 90249 (Chinese, Japanese, Filipino, Thai)	Tel: (213) 973-3131
Asian Health Project - T.H.E. Clinic 3860 West King Blvd. Los Angeles, California 90008 (Japanese, Thai, Vietnamese, Cambodian)	Tel: (213) 295-6571
Asian Pacific Treatment and Counseling Center 3407 West 6th Street Los Angeles, California 90020	Tel: (213) 382-7311
Asian American Voluntary Action Center 373 North Western Ave. Los Angeles, California 90004 (Chinese, Japanese, Vietnamese)	Tel: (213) 463-5591
Chinatown Service Center 1231 North Broadway Los Angeles, California 90004 (Chinese, Vietnamese)	Tel: (213) 221-4100
Every Woman's Shelter 820 North Martel Ave. Los Angeles, California 90036 (Chinese, Japanese, Korean, Vietnamese)	Tel: (213) 653-4042 Hot Line: 388-0446
Indochinese Refugee Services Center (Division of Los Angeles County Department of Health Services) 524 North Spring St. Los Angeles, California 90012 (Cambodian, Chinese, Lao, Vietnamese)	Tel: (213) 974-7305
Koryo Health Foundation 3544 West Olympic Blvd. Los Angeles, California 90019 (Korean)	Tel: (213) 731-0686 731-8888
Little Tokyo Service Center 244 South San Pedro Ave. Los Angeles, California 90012 (Japanese)	Tel: (213) 380-3729

Little Tokyo Service Center 244 South San Pedro Ave. Los Angeles, California 90012 (Japanese)	Tel: (213) 380-3729
Poli Clinic 1663 Beverly Blvd. Los Angeles, California 90026 (Lao, Thai)	Tel: (213) 617-2218
Phat Mekdara, Job Counselor Los Angeles Unified School District Government-Industry Sponsored Programs Refugee Entrant Targeted Assistance Program 711 West College St. #601 Los Angeles, California 90012 (Cambodian, Lao, Vietnamese)	Tel: (213) 625-0125
Queen of Angels Clinic and Family Care Center 2859 Glassell St. Los Angeles, California 90026 (Chinese, Cambodian, Vietnamese)	Tel: (213) 413-1050
University Affiliated Programs Children's Hospital- Pan Asian Network Contact: Sam Chan P.O. Box 54700 Los Angeles, California 90054	Tel: (213) 669-2300

APPENDIX C

Validation Instrument Letter

California State University, Northridge
Northridge, California 91330

Department of Health Science
(818) 885-3101

Charlene J. Krell, R.N.
9752 Suffolk Dr.
Beverly Hills, California 90210
February 12, 1985

Dear

I am aware of your interest in health education or refugee health, and am therefore seeking your help. I have developed the enclosed health promotion curriculum guide in partial fulfillment of a Master in Public Health Degree. Would you please review the material and write me a letter summarizing your reaction to it? I would be interested in knowing the following and any other thoughts that you might share:

1. Do you feel that the curriculum guide as developed provides a helpful and workable tool to aid in the development of a health promoter program?

2. Would you find this material helpful to you or someone in your organization who might attempt to begin a health promoter program?

3. Do you feel that the learning opportunities suggested are relevant to the content?

4. Can you pinpoint any glaring omissions?

5. Do you believe that the material, learning opportunities, or even the program concept might be appropriate to the Indochinese population? Might it be utilized with other populations?

6. What additions or modifications do you suggest?

The curriculum guide is yours to keep. I am most interested in sharing and refining the concept. I would be most interested in knowing whether you or or your associates utilize the material at some point in the future. Please feel free to share it.

Because of committee deadlines, I need to receive your reply no later than FEB 25, 1985. Your participation is greatly appreciated.

Sincerely,
Charlene J. Krell
Charlene J. Krell, R.N.

Dr. G.B. Krishnamurty, Committee Chair

The California State University

APPENDIX D

List of Experts to Validate the Model

LIST OF PERSONS TO WHOM THE EDUCATIONAL MODEL WAS SENT

Lisa Hue Bray
Health Education Assistant
Los Angeles County Department of Health Services
Indochinese Refugee Services Center
Health Unit
524 North Spring Street
Los Angeles, CA 90012

Alice Chu, MPH
Health Educator
Child Health and Disability Prevention Program
Olive View Medical Center
14445 Olive View Drive, Cottage Q
Sylmar, CA 91342

Peter Hang, M.D.
Board Member, Medical Advisor
American Indochinese Association of the San Fernando Valley
22135 Roscoe Boulevard, Suite 207
Canoga Park, CA 91304

Virginia Hayes, R.N., PHN, M.S.
Nursing Services Coordinator
Los Angeles Unified School District
Yale Street Complex
936 North Yale Street
Los Angeles, CA 90012

Inga Hoffman, MPH
Health Education Coordinator
Los Angeles County Department of Health Services
313 North Figueroa Street, Suite 227
Los Angeles, CA 90012

Richard Lyons, MPH
Health Educator
Los Angeles County Department of Health Services
Rancho Los Amigos Hospital
7601 East Imperial Highway, Hut 303
Downey, CA 90242

Lydia Mendoza, Ph.D.
Author of The Servidor System
926 J Street, Suite 201
Sacramento, CA 95814

Khanh Nguyen, M.D.
Family Practitioner
Queen of Angels Clinic and Family Care Center
2859 Glassell Street
Los Angeles, CA 90026

Loc Nam Nguyen, Director
Refugee Resettlement Program
Immigration and Citizenship Division
Catholic Welfare Program
1400 West Ninth Street
Los Angeles, CA 90015

Leona Pang, B.S.
Project Director
Asian Health Project
3860 West King Boulevard
Los Angeles, CA 90008

Ms. Lynda Philipp
Social Services Worker
American Indochinese Association of the San Fernando Valley
6348 Bovey Avenue
Reseda, CA 91335

Somalay Reang
Health Education Assistant
Los Angeles County Department of Health Services
Indochinese Refugee Services Center
Health Unit
524 North Spring Street
Los Angeles, CA 90012

Jaqueline Solomon, MPH
Health Educator
Los Angeles County Department of Health Services
313 North Figueroa Street, Suite 227
Los Angeles, CA 90012

Suon Thach
Health Education Assistant
Los Angeles County Department of Health Services
Indochinese Refugee Services Center
Health Unit
524 North Spring Street
Los Angeles, CA 90012

Susan B. Thompson
President and Founder
American Indochinese Association of the San Fernando Valley
7057 Reseda Boulevard
Reseda, CA 91335

Gayle P. Young, MPH
Health Educator
Los Angeles County Department of Health Services
Van Nuys Health Center
14340 Sylvan Street
Van Nuys, CA 91401

APPENDIX E

The Educational Model

HEALTH PROMOTION FOR INDOCHINESE REFUGEES--
A THIRD WORLD POPULATION IN A FIRST WORLD SETTING
AN EDUCATIONAL MODEL

BY

CHARLENE J. KRELL

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JUSTIFICATION FOR THE CURRICULUM

Some 600,000 refugees from Indochina have come to the United States since 1975, when Saigon, Vietnam, fell to the Communist Regime (100). Their refugee status has been legally recognized by the United Nations and by the United States Government. The legal definition of a refugee was first formulated in 1951 at a United Nations delegation, and subsequently reaffirmed in 1967. The following working definition is that used today by the Immigration and Naturalization Service and on a more international scope, by the United Nations High Commissioner of Refugees and most United Nations member countries (100).

> Any person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his formal national residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it (100:2).

Since the Indochinese are legally recognized as refugees, they are entitled to certain benefits afforded by the United States Government. These include a cost-of-living stipend and a medical care provision. In California, the refugee family receives Medi-Cal. After a period of three years, the refugee is no longer eligible in most cases, for the all-inclusive package, and goes on general relief. Single refugees without dependent children or spouses, receive assistance for a period of eighteen months (13, 66, 70). According to one study (26), refugees are becoming self-sufficient within the three-year time frame. Most obtain job training, and are shown to be hard-working and industrious.

Although refugees from Southeast Asia are able to seek medical care and do receive the means to do this, there is a very wide gap existing between the refugees, their culture of origin and that of their adopted country. According to Peter Hang, M.D., and others dealing with the refugees and their needs, the greatest need of the Indochinese refugees is for education (89, 90, 50). Whether or not an actual change will come about as a result of the education, depends upon many things such as the acculturation process, health beliefs, and credibility of the source of the new information being shared with the refugee individuals.

These people newly arrived in the United States from Southeast Asia participate in various folkways such as "coining." This consists of rubbing a coin briskly against the skin of a sick person to help increase the circulation and restore the balance of yin and yang, the life forces of positive and negative polarity (50).

A very interesting, but tragic example of the breech between old ways and a new culture recently occurred in Los Angeles. A child who had received the "coining" treatment was taken from the mother because of suspected child abuse. The mother was jailed and subsequently raped in the prison. There is a definite need for better communication between law enforcement and other personnel in human service work and the populations that they serve (50).

While the use of medical folkways is not unique to this population, it may or may not have beneficial outcomes for those who practice it. Utilized in conjunction with traditional medical care or informed self-care, it may actually enhance the total well-being of the person or family and empower that family to attain an optimal health status.

David Werner has pointed out that health care should not merely be delivered, but rather shared (36). People can be taught to help meet their own and each other's health care needs. Individuals can discover how to treat simple, self-limiting health problems at home, utilize health care services effectively, and to practice healthier personal habits with regard to nutrition, hygiene and care of children (18).

Use of medical care among this population remains a problem. People tend to use medical care inappropriately or not at all. The use of public health care providers is poor (50). The Oriental cultures do not readily permit open communication about personal matters, nor between men and women (50, 18). Women die needlessly of cervical cancer because they lack education about medical matters and because they do not seek medical care from the predominantly male physicians. Not even a handshake is permitted between men and women who are not married to each other.

The refugee population as a whole has been shown to have a high incidence of various health problems: mental and stress-related (56, 111) as well as physical. The incidence of dental pathology is high (98). Intestinal parasites continue to plague adults and children alike (65, 25), as do related or unrelated nutritional problems (110).

Hygiene problems were certainly in evidence when this author undertook a community needs assessment of a population living in an apartment complex in Van Nuys, California, and known to the American Indochinese Association of the San Fernando Valley. Refugees were found living in two-bedroom apartments intended to house approximately four people, and housing sixteen. Partially-clad children could be seen running about sharing food scraps and urinating outside buildings. Cockroaches were in abundance as were flies coming in through unscreened windows. The latter also posed a hazard to small children who could fall through them.

Thus, since the Indochinese refugees have such a need for appropriate health-related information, the author of this paper is seeking to present a model whereby appropriate information could be shared with the refugees. A similar project utilizing the health promoter concept with a refugee population was developed and implemented in Los Angeles in 1983-84. That program involved another third world refugee population living in a first world urban setting (18).

Summarily, the Health Promoter Program Model involves teaching representatives of the refugee community to help their peers to healthier lifestyles as they adjust to life in a new country. Acquiring new and useful information should be beneficial to all family members. Utilization of peers capitalizes on language compatibility as well as credibility of a known individual or one with whom refugees can identify.

CONTENT OUTLINE

CONTENT OUTLINE

Health Promotion for Indochinese Refugees

I. A Health Promotion Scheme

- A. Introduction to the Health Promoter Program
  1. Trained lay people as health promoters
  2. Contributions a health promoter can make
  3. Tasks for health promoters
  4. What a health promoter will learn

- B. Practical Applications for Health Promoters
  1. Learning marketable skills
  2. Gaining valuable information for home use
  3. Helping one's peers maintain/seek health
  4. Working in and with groups
  5. Learning how to communicate

- C. The Health Promoter at Work
  1. Promoting the concept
  2. Health promoters of all ages
  3. Health Promoters evaluate the program
  4. Evaluation of the health promoter

II. Self Care Philosophy

A. Definition--Information about health for everyone

1. Responsibility for one's own health
2. Self-care includes prevention
3. Medical information is most effective when shared
4. Advantages of self-care
5. Self-care includes informed at-home care of the ill
6. Self-care includes knowing when and where to seek help

B. People, Beliefs and Western Medicine

1. Acquiring customs and beliefs
2. Taking health action
3. Understanding illness and health
4. Learning new ways
5. Changing trends in Western Medicine

C. People Working Together to Help Themselves

1. Concept of volunteerism
2. Everyone has something to offer
3. Strength in numbers

III. Specifics to Help People to Health

- A. Public Health and Eviromental Health
    1. Health resources in the community
    2. Department of Health Services offerings
    3. Communicable disease and its prevention
    4. Home and public sanitation
    5. Prevention and care of food
    6. Personal care and cleanliness

- B. First Aid
    1. Bleeding and its control
    2. Care of wounds
    3. Preparation and use of bandages
    4. Recognizing and dealing with infection
    5. Accident prevention
    6. Life-threatening emergencies
    7. Fractures
    8. Abdominal pain
    9. Burns and their prevention
    10. Poisoning
    11. Animal bites and stings

- C. Child Care--Healthy Children, Everyone's Concern
    1. Well baby and early childhood checkups
    2. Immunization for the whole family

3. Child passenger safety
4. Nutrition--important for the whole family
5. Know when a child is not well
6. Fever control
7. Colds and flu and what to do
8. What do vomiting and diarrhea mean?

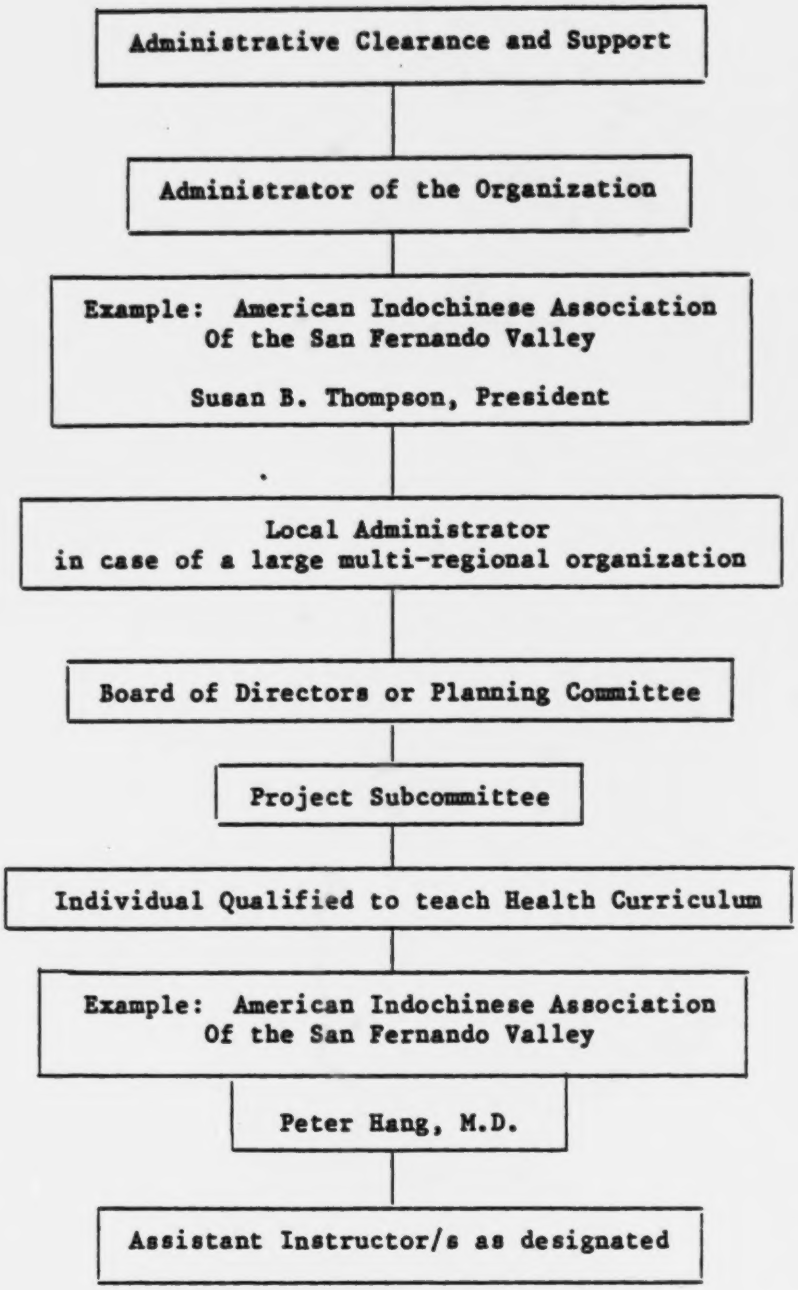
D. Teeth and Their Care

1. What a tooth looks like!
2. Sets of teeth
3. Types of teeth and what they do
4. Dental disease and its prevention
5. Diet and its importance to healthy mouths
6. Dental care in your community

E. Sexual Health and Family Planning

1. Roles of men and women
2. Physical structure of sex organs
3. Sexual behaviors
4. Family planning
5. How pregnancy takes place
6. Pregnancy prevention
7. Sexually transmitted diseases
8. Sexual health maintenance

IMPLEMENTATION SCHEME


Administrative Clearance and Support
Administrator of the Organization
Example: American Indochinese Association Of the San Fernando Valley
Susan B. Thompson, President
Local Administrator in case of a large multi-regional organization
Board of Directors or Planning Committee
Project Subcommittee
Individual Qualified to teach Health Curriculum
Example: American Indochinese Association Of the San Fernando Valley
Peter Hang, M.D.
Assistant Instructor/s as designated

Administrative Clearance and Support

The adoption of a curriculum in an organization that is essentially autonomous should not pose any problems. However, if the organization is a large centrally administered one, such as Church World Service or Catholic Welfare, the material might have to undergo scrutiny by an administrator from the main headquarters of the organization.

It may then be forwarded to a local administrator for scrutiny, depending upon the structure of the organization. The local administrator may have an established network of subcommittees to process and implement programs based on the expertise of the individuals. In organizations dealing with problems relating to refugees, health care is a priority because of the known health deficits that refugees present when arriving in the United States. Therefore, such organizations would be likely to have health professionals as integral parts of the structure of the entity.

The health professionals would then likely be able to delegate material such as a health curriculum for review to a health care/instruction team for review and possible implementation.

Once approved by the organization, actual planning for implementation would begin. Selection and assignment of teaching staff would be a part of the process.

Staff Involvement

A permanent curriculum committee would then ideally be set up, composed of the health professional and designated staff who would be delegated to teach the material. The curriculum would necessarily require implementation, trouble-shooting, revision, up-dating, re-evaluation and ultimately, final evaluation and termination (63).

Staff Required to Teach

The health curriculum could be presented by a variety of persons with health background or preparation. These persons might be physicians, either volunteering their time or salaried by the organization. Registered nurses would certainly be qualified to present the material. Teachers with some preparation in presentation of health materials could likely be effective, or carefully oriented and supervised bilingual health education assistants (109). The bilingual assistants become an integral part of the effective refugee training program. Outside speakers from various organizations might furnish additional manpower to present the material.

Teaching Facilities Needed

Presentation of the health curriculum would require a basic well-lit classroom. Many organizations such as the American Indochinese Association of the San Fernando Valley, are affiliated with churches or with local government agencies. Most churches would have classrooms normally utilized for religious instruction or programs. Government facilities would most certainly have public meeting rooms suitable for assembly and instruction.

Ideally, the classroom could be darkened for film presentation. The number of Indochinese language films available for use with a refugee population is very small. English language films have been utilized in a silent mode, accompanied by a tape narration in the language required.

Materials and Equipment Needed

The amount of equipment needed with which to present the material included in this guide need not be expensive or difficult to produce. A very helpful philosophy regarding development of health education materials is presented in a simple, yet effective manner in Helping Health Workers Learn (115).

A creative approach by the presenter/s of the material can utilize many effective illustrations of the concepts through simple drawings, role playing, chalk board or flannel board discussions and available posters and hand-outs which may not be expensive.

Physical Equipment

1. Well-lit classroom with movable furniture
2. Conference table with chairs
3. Portable or fixed blackboard
4. Screen or blank wall for film presentation
5. Bulletin boards, easel flannel board that would accommodate pushpins
6. Access to photocopy
7. Nice to have, but may not be essential
    a. Films and projector
    b. Record player
    c. Tape recorder
    d. Microscope, slides, coverslips

Supplies

1. Chalk
2. Colored pencils, crayons, colored felt pens, paint
3. Paper- newsprint, other suitable for making posters
    a. drawing
    b. construction
    c. lined
    d. newsprint
    e. butcher
4. Paper punch
5. Scissors
6. Glue
7. Push pins
8. Paint brushes
9. Toothbrushes in various conditions of wear, sizes
10. Thermometer
11. Doll with light, heavy clothing

12. Sugar, salt, measuring cup, spoons, toothpastes deodorants
13. Examples of various foods, containers
14. Various pamphlets, posters, models, films as available
15. Various models as available, such as larger than life dental models
16. Mirror
17. Disclosing tablets
18. Bandages and first aid materials, blankets

Suggested Resources

Books

American Red Cross. Family and Home Nursing. 7th ed. Garden City, N.Y.: Doubleday, 1979.

Baron, Robert A. and Donn Byrnes. Social Psychology: Understanding Human Interaction. 4th ed. Boston: Allyn and Bacon, 1984.

Bennett, Hal Z. The Doctor Within. New York: Signet Books, 1981.

Freeman, Calvin and Yaryan, Ruby B. Community Health Workers in California: Results of a Statewide Study. Oakland: Health Systems Management Corporation, 1976.

Grant, Harvey and Robert Murray. Emergency Care. 16th printing. Bowie, Md: Robert J. Brady, 1977.

Smith, Bradley and Gus Stevens. The Emergency Book. New York: Simon and Schuster, 1978.

Storms, Doris M. Training and Working with Auxiliary Health Workers: Lessons from Developing Countries. Monograph Series No. 3. Washington, D.C.: American Public Health Association, International Health Programs, 1982.

Wagner, Christa and Janete Rullo, trans. 2nd ed. Medical Guide and Glossary by Tan, Nady (Cambodian), Souvanlasy, Khamking, Van-Si Chareundi, Vanhlang Khamsouk, and Vang Sing (Laotian) Nguyen, Thach and Vu Loc (Vietnamese). Portland, Ore: Indochinese Language Resource Center, Indochinese Cultural and Service Center, 1980.

Werner, David. Where There Is No Doctor. 7th rev. ed. Palo Alto, Calif.: Hesperian Foundation, 1977.

Werner, David and Bill Bower. Helping Health Workers Learn. Palo Alto, Calif.: Hesperian Foundation, 1982.

World Health Organization. The Primary Health Care Worker. Rev. ed. Geneva: World Health Organization Headquarters, 1980.

Pamphlets:

"Alcohol and Pacific Asians." Los Angeles County Department of Health Services, Indochinese Refugee Services Center Health Unit. Various Indochinese languages.

"Asian Health Project." Asian Health Project, Los Angeles. Various Indochinese languages.

"Birth Control." Above source. Various Indochinese languages.

"Bottle Mouth." WIC Supplemental Food Section California State Department of Health Services. Various Indochinese languages.

"Cancer Prevention." Asian Health Project, Los Angeles. Various Indochinese languages.

"Checkups." Child Health and Disability Prevention Program County of Los Angeles, Department of Health Services. Various Indochinese languages.

"Feeding Your Baby in the First Year." WIC Supplemental Food Section, California State Department of Health Services. Various Indochinese languages.

"Health Care in the United States" Orange County, California Human Services Agency Public Health and Medical Services, Indochinese Refugee Assistance Project Statewide Impact Project. Various Indochinese languages.

"Help Your Child Grow, Be Healthy, Have Energy," WIC Supplemental Food Section and California State Department of Health Services. Various Indochinese languages.

"Important Information About Influenza and Influenza Vaccine." Los Angeles County Department of Health Services Preventive/Public Health.

"Indochinese Refugee Services Center Health Unit" Los Angeles County Department of Health Services, Indochinese Refugee Services. Health Unit. Various Indochinese languages.

"It's Up to You. Contraceptive Decision Making." Los Angeles Asian Health Project. Various Indochinese languages.

"Medical Personnel List and Health Service Providers for Asian Community." Los Angeles County Department of Health Services, Indochinese Refugee Service Center. Health Unit. English - for reference.

"Protect Yourself from Active TB." Above source. Various Indochinese languages.

"Salmonella, Shigella." Los Angeles County Department of Health Services Preventive/Public Health. Various Indochinese languages.

"Sex and Hygiene." Asian Health Project, Los Angeles. Various Indochinese languages.

"Skin Test for Tuberculosis" Orange County, Calif. (See above.) Various Indochinese languages.

"Sterilization for Men and Women." Asian Health Project, Los Angeles. Various Indochinese languages.

"The Tuberculin Skin Test: How it Works, What it Shows." Los Angeles County Department of Health Services Center, Indochinese Refugee Services Center. Health Unit. Various Indochinese languages.

"Tuberculosis Cure and Prevention." Orange County, California Human Services Agency, Public Health and Medical Services, Indochinese Refugee Assistance Project, Statewide Impact Project. Various Indochinese languages.

"V.D. Sexually Transmitted Diseases" Asian Health Project, Los Angeles. Various Indochinese languages.

"What to Feed My Child?" WIC Supplemental Food Section and California State Department of Health Services. Various Indochinese languages.

Posters:

"The Basic Four Food Groups," School Services Division.

"Big Four Countdown." Del Monte Kitchens, San Francisco, Calif. 4 food groups illustrated.

"Breakfast, The Most Important Meal of the Day. Dairy Council, Sacramento, Calif.

"Do's for Dental Health," Healthy eating for healthy teeth and gums. Washington, D.C.: United States Department.

"The Story of Dental Diseases," Boroughs Wellcome Company, Hammonton, New Jersey.

"Versatile Vegetables" Green Giant Company, Minneapolis, Minnesota. Los Angeles Regional Family Planning.

Films:

Bread of Life. 16mm, 1984, Pyramid Films, Santa Monica.

Burn Emergencies. 16mm, American Red Cross.

Children in Crashes. Child Health and Disability Program, Los Angeles County. Cassette.

Early Childhood Examination. Above source. Cassette.

Family Planning, Asian Health Project. Cassette with audio tapes in various Indochinese languages.

Fetal and Maternal Growth and Development. Slide show, 1982. H'mong, Vietnamese.

Health Care in the United States. May be borrowed from: Los Angeles County Department of Health Services, Public Health Programs. Slide show, 1982. Cambodian, Lao, Vietnamese, H'mong.

Labor and Delivery. Above Source. Slide Show, 1982. Vietnamese and H'mong.

Multimedia Film. American Red Cross.

Poisons. Above source.

Pressure Points. Above source.

Post Partum Care. Above source. Slide show, 1982. Vietnamese and H'mong.

Prenatal Overview. Above source. Slide show, 1982. Vietnamese and H'mong.

Supplemental Food Program: Women, Infants and Children. Above source. Cambodian, H'mong, Lao, and Vietnamese.

TB Skin Test. Above source. Slide show, 1982. Cambodian, Lao, H'mong, and Vietnamese.

Tuberculosis Cure and Prevention. Above source. Slide show, 1982. Cambodian, Lao, H'mong, and Vietnamese.

Target Group

This curriculum is designed to train the Indochinese refugee potential health promoter, a peer community health worker who can assist others in his group to learn good health practices and work toward maintaining optimal health. The material could, however, be adapted without too much difficulty, to be used with children. The younger Indochinese are rapidly assimilating their new culture and are bilingual within a short period of time. Presentation, therefore, should present little or no problem. The portions on sexual hygiene and contraception would have to be treated differently, made much more basic, or eliminated.

The focus of the material begins with the health promoter scheme concept. Since the role of the health promoter is a new concept to participant and instructor alike, there is an exploration of the role of the health promoter. Practical application skills are emphasized here. Becoming a health promoter, duties of the promoter, and evaluation are considered.

Self-care is the second focus of the program. This portion emphasizes one's responsibility for his own health and that of the family. Since medical care has been very different in the country of origin, there is a section on utilizing medical care in a new city. The user would have to supply specific referrals based on the care available in that particular locale.

Health behaviors are examined in a very elemental manner, explaining why people adopt certain health beliefs and practices and why change is not always easy. A comparison can be made of Eastern and western health practices and beliefs.

Social factors receive some consideration in a subsequent section. Role playing may be possible if the dynamics are understood by the group. Recognizing that Indochinese are less open and more conservative than their Western counterparts, the group leader would have to proceed cautiously, having first gained trust.

Specifics to help people to health are the final focus of the curriculum. Environmental health and personal care receive the first emphasis. First aid follows with an exploration of how to care for wounds as well as how to prevent them. Burns, fractures, abdominal pain and poisoning, all potential hazards to a family with many small children, are discussed. There is hands-on practice in splinting fractures and dressing wounds. Child care, dental health, and sexual health and family planning receive emphasis in the latter portion of the curriculum.

The user is invited to augment or delete any material from the curriculum so that it becomes a working tool to serve the needs of a particular refugee group. The references given are by no means comprehensive, and can be updated, supplemented, or deleted in favor of others more aptly suited to the needs at hand. The author is most interested in promoting the concept of the primary health care worker in the urban setting rather than a rigid step-by-step recipe.

Length of Time Required to Teach

The length of time required to teach the entire health promotion course to these primary health care workers might vary depending upon their other realistically considered demands. In another similar program, it was found by the author and others that although the health promoters in training were very enthusiastic about learning, the class conflicted with their work commitments, family constraints, and child care needs (18:83). Other variables might include the rapidity with which the participants are able to absorb the material. If the person teaching them speaks only English, comprehension might be slower and impediments to communication might dictate that the class move slowly. Post-tests and practical demonstrations can indicate understanding of the material.

All things going well, approximately ten weeks might be spent on a one-session-per-week format. The sessions would last two to three hours.

Required Attendance

Since there would be a certificate, graduation ceremony, likely letters of recommendation, and possibly a small stipend awarded successful participants in the health promoter program, a minimum number of attended sessions would need to be established. The award of a stipend would depend entirely on the budget of the organization. Any organization choosing to utilize the curriculum presented might administer it in any way it so chose. However, in order to maintain a standard for the health promoter, the establishment of satisfactory performance would be necessary. The participation in this program is voluntary as might be the service given to fellow community members. Therefore, overly rigid standards might discourage participation.

Budget

Purchase of equipment could become a problem to some organizations seeking to utilize a curriculum such as this one. Frequently, organizations dealing with refugees are voluntary ones which must seek donations of all sorts to maintain and carry out their goals. These might be donations of material, time, or money. In a previous program developed in part by the author, people who had artistic talent, for example, donated their time to develop some posters and teaching materials. Others donated necessary items such as an easel, a blackboard, and other needed supplies (18). Organizations can certainly utilize material which is offered at low or no cost by material by various voluntary groups and certain government agencies. Films and other health education material can sometimes be borrowed or received at no cost from the local County Department of Health Services. Unless there is a problem with copyrighting, health education items can be photocopied.

A word of caution is indicated here, however. Many refugees have not attended school and may have difficulties with reading. Therefore, simple visual and practical learning opportunities might be better received than large amounts of written material. It would be unlikely that participants would openly state that they were unable to read or write. Those from Cambodia and Laos are more likely to have difficulties with the written word than earlier arrivals from Viet Nam.

Grant-writing might also be employed to recruit dollars to float projects such as a health promoter program. University Departments of Health Science often have students looking for field work opportunities. Such students might be recruited to assist with the administration and teaching of such a curriculum. Private industry might be approached for certain donations such as those of paper goods and other art supplies.

Items Available Without Cost

Salaries of Personnel	May or may not present cost factor
Salary of Curriculum Developer	No cost
Projectors, screens	No cost - loan or owned
Supplies	May or may not present cost factor
Rental of facilities	Should not present cost factor
Honorarium for outside speaker	Should not present cost factor
Books	Library loan. Some present cost factor
Booklets, pamphlets	May or may not present cost factor. Seek those which could be free or duplicated
Posters available	Seek no cost; have members of group construct
Models (Dental)	No cost May often be borrowed from dental service at a teaching institution, the local County Department of Health Services dental clinics, or a private dentist.
Other teaching materials, anatomical posters	No cost if borrowed from local universities, medical schools, obtained on loan from various health educators in school, County Departments of Health Services.
Pamphlets	Seek free, purchase and/or have members of the group construct

Items to be Purchased

Toothbrushes	- kits... Quantity (35)	Price: $ 14.00	Total: $ 14.00
Microscope	- M-2413 by Swift, Tri-Ess Student Science Service, Glendale, Calif.	Price: $199.00	Total: $199.90
Slides	- Above source Quantity (72)	Price: $ 3.60	Total: $ 3.60
Cover Slips	- Quantity (100)	Price: $ 3.50	Total: $ 3.50
Pamphlets	- From Asian Health Project. Priced each. Available in most of the Indochinese languages.		
"Birth Control Methods"		Price: $ .20	
"Contraceptive Decision Making		Price: $ .20	
"Natural Family Planning"		Price: $ .15	
"Sex, Hygiene"		Price: $ .20	
"Sexually Transmitted Diseases"		Price: $ .25	
"Sterilization"		Price: $ .15	
"Women's Cancer Prevention"		Price: $ .15	
"Herpes" Vietnamese		Price: $ .15	
"AIDS" Vietnamese		Price: $ .25	

Suggested Resources

Books:

Werner, David. Where There is No Doctor 6th ed. Palo Alto, CA: Hesperian Foundation, 1981.

Werner, David and Bill Bower. Helping Health Workers Learn. Palo Alto, CA: Hesperian Foundation, 1982.

Price $ 8.43	each of the two books. Includes shipment.
Price $ 6.43	Prices each if purchased in quantities of 12 or more. May mix the titles. Includes shipping.

Implementation Goals

1. To secure approval from appropriate channels by means of convincing administrator/s of the value of a health promoter program, one in which primary health workers would be trained to help those within their peer group toward achieving and maintaining better health.
2. To form a curriculum committee within the organization. This committee would be responsible for getting the program operational and for the periodic revision, up-dating, evaluating, and trouble-shooting along the way.
3. To organize appropriate in-servicing as needed for staff.
4. To enunciate the needs of the organization and of the program to various other organizations, private individuals, and possibly universities and sources of funds.
5. To list appropriate materials and equipment so that they will be on hand as needed.
6. To budget for needed items, seek them from reasonable or no-cost sources, or develop them.
7. To circulate the proposed curriculum among other organizations dealing with refugees, to test its applicability, and the feasibility of the health promoter concept in a variety of settings.

Time Schedule for Implementation

December	Organizations dealing with refugees receive curriculum. Health professional examines the material and returns the validation questionnaire to the curriculum developer.
January	Material is forwarded to administrator by health professional for perusal. Board meeting or administrative meeting to discuss merit of program. Approval sought.
February	Curriculum committee formed, reviews material. Instructor/s recruited, in-service prepared. Materials procured.
March	In-service completed
April	Prospective health promoters recruited. Classes begin.
June	Classes end. Evaluation by instructor/s and curriculum committee. Determination made whether to repeat the program. If affirmative, up-dating and revision completed. Provision for refresher for health promoters is made.

Program may recycle as need presents.

IN-SERVICE ORIENTATION SCHEME

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For Whom:

Since the instructor is most important to the success or failure of a program, the in-service is provided for that person or those persons. In the case where there is only one health professional involved with the organization, and if he plans to conduct and implement the program himself, there will be a period of time during which he or she must acquaint himself or herself with the materials and the suggested concepts. However, there is a great likelihood that the proposed curriculum will pass through the hands of several people and be a joint effort. If the curriculum committee is established, it would be well to include at least one member of the target group on the committee.

Input from others could be sought in establishing an in-service program. Others could be university students seeking field work in Public Health or Health Education, local health educators, health professionals or people involved in other ways in the organization serving refugees.

By Whom:

Ideally, the developer of a curriculum would be the best person to conduct an inservice workshop. If this is not possible, then the person or persons assuming responsibility for the program would be in charge of acquainting the instructors with the program. In a previously implemented program involving refugees (18), the developers worked with three health professionals, two of whom were to be the coordinators of the health promoters. Others were also involved. There was a retired Public Health Nurse, the overall coordinator of the refugee health program, a Bilingual Health Education consultant employed by the Los Angeles County Department of Health Services, and the president of the Refugee Organization, himself a refugee. Interested dentists, dieticians, and physicians or others with expertise in the various topics or in international community work would be most useful as consultants to the program in any of its aspects.

When:

The in-service program would be provided prior to the implementation of the program. This can be a difficult period in the life of a program, as shown by this and other authors (18, 58, 97). Often there are political difficulties to be overcome between the parent organization and those directly involved with the implementation of the program (18). These must be overcome before the program can get underway. There are often other difficulties at the beginning of such a program which might delay its beginnings such as location in which to conduct both the in-service and the upcoming instructional sessions. There may be difficulty in recruiting potential participants and also some substitution necessary in assembling the materials. The time to present the in-service is when the majority of the mechanical and ideological difficulties have essentially been overcome and there is certainty that there will be a program.

Length of Orientation or In-Service:

The length of time required to produce a feeling of confidence in the instructor/s or coordinators of the health promoters is a difficult thing to judge. A three-hour session might be adequate for some, while others may require more than one session.

Provisions for New Staff:

One difficulty with programs of this type is that, as opposed to a very well-oiled organization with a stable source of funding, such as a school district, they tend to have a turnover of personnel. If people are giving their time to the training of health promoters, then find that a paid employment is in reach, they tend to move on, necessitating involvement of others mid-way in the program. If students are involved, their academic semester ends (18), or their objectives are met, and they terminate their activity. One way to overcome this is to have new staff observe and participate in the on-going proceedings of either in-service or the actual classes. The curriculum committee may have to provide additional orientation sessions for new staff in order to preserve the quality and the continuity of the program.

Purpose of In-Service:

The development of a curriculum is only one aspect of a program development. Professionals need adequate training to implement a program successfully. They need adequate exposure not only to the goals and objectives of the program, but also to the materials, in order to present them adequately. The instructor would gain some information about possible learning opportunities to offer, and would become acquainted with a reference bibliography which could offer additional insight about similar types of programs and the experiences of those who had conducted them.

Therefore, the in-service would provide a conceptual framework about how the program is structured and how it is to be used. Second, the instructor could have an opportunity to review the materials and how they relate to the learning opportunities suggested. Third, the in-service provides an opportunity to discuss areas of concern which could include missing subject content and how it might be incorporated into the curriculum (63).

In-Service Objectives:

Upon completion of the in-service workshop, the participants will:

1. Have the necessary skills to work with and train the health promoters.
2. Have the basic knowledge necessary to train health promoters in the areas of:
    a. Self-care Philosophy
    b. Health Behaviors
    c. Group Dynamics
    d. Role of the Health Promoter
    e. Public and Environmental Health
    f. First Aid
    g. Child Care and Nutrition
    h. Teeth and their care
    i. Sexual Health and Family Planning
3. Be able to evaluate the curriculum and select the portions appropriate for use in training the health promoters.
4. Be able to seek suggested or supplemental material to provide reference or classroom aid.
5. Be able to develop some original material based on suggestions provided.

CURRICULUM EVALUATION

The Purposes of Evaluation

The purposes of evaluation are many. According to Fodor and Dalis, it has three purposes:

(1) to assess the health needs of the individual, group, and society for the purpose of determining the health content of the instructional program;

(2) to determine the strengths and weaknesses of the program in terms of the abilities of teaching personnel, the effectiveness of learning opportunities, and the organization of the instruction;

(3) to evaluate the attainment of learner behavior changes in relationship to specific health content (37).

It is necessary to look carefully at the objectives of the program at its conclusion and to decide which procedures were effective and which were not. A program may change greatly in a second effort (58). If definite objectives have been developed, there is a greater rationale for making needed changes.

When Would Evaluation Take Place?

Evaluation should be thought of as a continuous process taking place throughout the course of a program, from prior to its implementation, during its progression, and after instruction. Prior to the development of the curriculum, a needs assessment should be conducted based on the interests and health needs of the target group. From this activity comes the basis for the content of the instruction (63). During the course of the program, there are various opportunities to assess the competencies of the learners.

Once instruction has been completed, an overall evaluation of the program is important. Changes in the program can be made at any time before, during, and after implementation.

Who Would Evaluate?

Those best equipped to evaluate the progress of the program would include those who had been involved with it from its inception. The instructor/s, members of the curriculum committee, officials of the organization, and, importantly, health promoters who participated in the program would be included. The comments of the latter group would be very useful in determining the needs for change in the instruction, learning opportunities, cultural sensitivity, and materials.

What Would be Evaluated?

Since health information is rapidly increasing, it is most important to keep the content of the curriculum current. Outmoded materials should be discarded if the instruction is to be on-going over time. As information is acquired, it can be added to the curriculum.

It is also important to evaluate the objectives of the program and of the material to be covered. They should be precisely stated, accurate, practical or feasible, and consistent with one another and with the current point of view. They should be stated in terms of specific content and specific behavior sought on the part of the learner (37). The learning opportunities should be monitored for motivation that they provide for the learners, stimulation, and their appeal to the various senses of the learners.

The environment of the classes should be evaluated. Is it conducive to learning? In a previous series of health education interventions, the only room available was most convenient to the access of the target population, yet was most uncomfortable in terms of temperature and noise. Seating was also a problem; therefore, the floor was utilized. In this situation, it seemed that attendance might be precluded if the instruction were moved to more esthetic quarters. It was a risk-benefit decision to hold it in the undesirable location rather than risk non-attendance (88).

Who Will be Evaluated?

There are four groups to be evaluated:

(1) the learners to determine if behavioral objectives have been achieved;

(2) the instructor/s to determine whether the materials were utilized appropriately and whether his or her interpersonal skills were sufficient to deal with the needs of the learners;

(3) the administrators to determine their support in terms of personnel, budget, policies, and procedures;

(4) the community, by the health needs and interests (37).

The community, in the case of the refugee health promoter program, could include the target population only or the community at large.

How Would Evaluation be Done?

Evaluation of the curriculum would be carried out by both the learners and the instructor/s. Class participation and interest would give the instructor a fairly accurate appraisal of whether it was of interest to the participants in the health promoter program. It is likely that practical demonstration and participation in the learning opportunities would be more valid than written objective tests since written work might be precluded by language and literacy barriers. A working knowledge of the group would allow the instructor to make such a determination. It is possible that written work and use of this as a feedback could be utilized with the help of a bilingual assistant.

Pre- and post-tests in a demonstration sense might be attempted, although objectivity of these tests might be limited. The reaction of the learners would occur in a general sense; however, specific responses could be sought from individuals serving on a curriculum committee. It would seem obvious that such a person or persons would be those with the most leadership skills and mastery of the language of the adopted country.

THE CURRICULUM

SUB-TOPIC: A HEALTH PROMOTION SCHEME

GENERALIZATION: Lay people receive training in health topics and serve as an important link between the people and the health care system.

OBJECTIVE (1) Following instruction, the health promoter can list important types of functions that he/she can perform as a health promoter.

EVALUATION: He/she will list at least three (3) general types of contributions that he/she can make as a health promoter.

Suggested Content Outline

A. Introduction to the Health Promoter Program

  1. Trained lay people as health promoters

     a. Lay people—those with little or no experience or previous training in health promotion or professions

     b. Health promoters-people who will receive a short course in health who will then apply this new knowledge to their own lives and families and to those of others

  2. Contributions a health promoter can make

     a. Assess the needs of people (help them say what they need to pursue a happier life and one in which they and their children can enjoy good health--mental, physical, spiritual, and social)

     b. Teach people how they might go about getting

Learning Opportunities

1. The instructor can assist the students in becoming acquainted in a variety of ways. He/she might start by telling something about him/herself, background, interest or experience in health promotion, family or life experiences. The student or recruit health promoters can each do the same.

2. A variety of games can be played in which each person will then introduce the first person named listing all around the room until he/she has introduced everyone to and including him/herself. The game might become more complex including a statement about each person.

3. Each new health promoter recruit can express what he/she would like to learn in the course and how he/she believes that it will help him/her. If possible, each can write down these thoughts and discuss them with one partner in the class for 5-10 minutes. The pairs can then share their conclusions with the group.

4. The instructor and a volunteer can do a short skit or

Suggested Content Outline	Learning Opportunities
or maintaining good health c. Help them to express themselves in the language that they share and help others in the health care system understand their culture, beliefs and customs	presentation if such has not been done in a recruiting session, demonstrating the choke-saving maneuver. This is short, fairly dramatic, and can start some discussion about the advantages of receiving health training and how important it might be to the health promoter and his/her family or a person he/she might help.
d. Understand and help others to understand the unique health and other problems experienced by refugees	5. A trio of student health promoters might demonstrate through a skit how a health promoter might assist a client when going to a hospital in the country of resettlement, explaining the practice of "coining" a baby to the "nurse." A doll could be used to aid the "nurse" in understanding the coin marks on the child's body.
(1) Definition of a refugee: (a) Legal definition (b) United Nations Refugee High Commissioner i. Person is outside own country ii. Has well-founded fear persecution if returns iii. Falls into danger of persecution grounds of: - Race - Religion - Nationality - Political opinion - Membership in group	6. Focusing on the problems of the refugee, the group could develop a skit in which they use song, drama or pantomime to describe their departure from their country (ies) of origin and their travels until their arrival in their present area of resettlement. This skit or short play might be presented to members of the established health system in the country of resettlement, assisting them in becoming aware of the plight of refugees.

OBJECTIVE (2) Following instruction, the health promoter can explain what it means to have good health.

EVALUATION: He/she would explain the meaning of health in his/her own words, including three (3) of the essential concepts mental, physical, spiritual and social....aspects. The explanation would demonstrate the holistic essence of health.

OBJECTIVE (3) Following instruction, the health promoter can develop a list of actual tasks that a health promoter can do.

EVALUATION: His/her list will consist of at least three (3) areas in which a health promoter could work and three (3) tasks which he/she could perform in each.

Suggested Content Outline	Learning Opportunities
(2) Definition of health; A state of optimal mental, physical spiritual and social well-being and not merely the absense of illness or infirmity	7. The instructor could illustrate the concept of total wellness by supplying student health promoters with situations and having them decide whether the person in question was well.
e. Ease the workload of professional workers f. Gain valuable information and skills to be used at a later time	Tran Minh has settled in Los Angeles. His children are going to school; his wife is at home expecting a new baby. He is trying to get job placement. Each day he sits and looks out the window staring and thinking of the past. He speaks little. Is he enjoying good health?
3. Tasks for health promoters a. Working in health centers	The young girl is expecting her first baby. She has noticed a swelling of her feet. She did talk to her mother about it. Is this a sign of good health in a pregnant mother?
(1) Doing first aid in some locations (2) Helping counsel clients, translating for personnel	The old man coughs a lot at times, and his bed is wet with sweat at night. He got some pills, but threw them into the toilet. Is he in good health?
(3) Setting up office appointments	The little 9-year-old girl cries at school and will not play with the other children. She sits holding a handkerchief tightly

Suggested Content Outline

(4) Following up broken appointments or problems

(5) Helping clients fill out forms

(6) Weighing and measuring in some locations

(7) Greeting patients and directing them to the proper services

(8) Doing health education

b. Case finding in the community

(1) Knowing what to look for to find people who are having health problems

(2) Conducting interviews with people in the refugee group

c. Health education in the community

(1) Explaining immunizations needed

(2) Talking about nutrition

(3) Talking about food and other sanitation

(4) Helping people decide whether medical care is needed and showing them

Learning Opportunities

and speaks only if the teacher in ESL class spends a long time with her. Is she healthy?

8. Following a discussion about tasks for health promoters or after the following discussion about specific tasks that they will undertake, the student health promoters can be taken to a health center, where they can become familiar with the tasks done there.

(1) They can be introduced to staff and the type of work done by staff members.

(2) They can become familiar with forms that may need to be completed by clients.

(3) They can learn how to weigh and measure infants and others such as pregnant mothers.

a. Use of scale and weight charts, height measure

b. Taking of temperature

(4) They can observe health education being conducted.

(5) They may observe medical treatment being carried out and referrals to hospitals being made.

(6) It may be possible to observe sanitary inspections in pairs.

9. In order to gain perspective on case-finding in community, student health promoters can carry out a home survey in which they would have specific agenda

OBJECTIVE (4) Following instruction, the health promoter would be able to carry out a community assessment and case-finding interview.

EVALUATION: The student health promoter would go into the community with a partner and return to class with a completed questionnaire which he could discuss in class for the purposes of problem analysis.

Suggested Content Outline

how to obtain it

(5) Helping new mothers care for infants

d. Working in camps in some settings

(1) Helping with food and water distribution

(2) Assisting with latrine building and sanitation

(3) Assisting with immunizations

e. Doing community health work and becoming known as "the knowledgeable one" of us who can be trusted to help with health matters

f. Reporting and relating to a coordinator or supervising person

(1) Organization

(a) Department of Health Service

(b) Refugee organization

(c) Hospital

Learning Opportunities

to cover with householders:

(1) They would introduce themselves and explain the purpose of their visit.

(2) They would solicit demographic information such as the number of individuals in the home, the family structure, the ages of individual members and the length of time that they had been in this location.

(3) They could also determine whether anyone had any health problems or concerns at this time and what they were specifically.

(4) They might ask whether anyone has been sick recently and what type of illness the person had suffered, what if any, treatment the person or people had received, or home care given.

(5) They could ask whether there were any pregnant women in the home and whether they were under care.

(6) They could ask whether there were small children in the home and whether they were breast or bottle-fed, and whether immunized. They might ask to see the records of immunization.

OBJECTIVE (5) Following instruction, the health promoter could compare and contrast rural with city health problems and health promotion.

EVALUATION: His/her comparison would consist of three (3) areas in which rural or camp health promotion would differ from that of city health promotion.

Suggested Content Outline

(d) Private practice

(e) World service organization

i. Religious

ii. Red Cross

(2) Type of professional to whom health promoter may report

(a) Physician

(b) Nurse

(c) Administrator

(d) Member of religious order

(e) Health educator

(f) Director of volunteers

4. What a health promoter will learn (examples)

a. How to carry out specific procedures

(1) Assessment skills

(a) Interviewing

(b) Physical observation and

Learning Opportunities

(7) They might ask whether anyone had pain in his teeth or whether anyone needed to see a dentist.

10. Student health promoters could compare and contrast in discussion the difference between rural and/or camp health care and city health care or health promotion.

Questions:

(1) How does sanitation differ?

(2) How are people fed?

(3) Do people have their own money, or are their needs taken care of through aid programs?

(4) How does housing differ?

(5) How might the work of the health promoter be different?

11. Student health promoters could share experiences that they may have had working with health in the past.

12. Students could explore the relationship that they might have with a supervisor. Role playing could be useful

Questions:

(1) What types of things might the supervisor need to know?

OBJECTIVE (6) Following instruction, the health promoter could show understanding of dealing with a supervisor by naming types of organizations and individuals who may be supervising his/her work and types of communication that he/she might have with this person.

EVALUATION: His/her list of organizations to whom he/she might report and type of individuals for whom he/she might work would include three (3) of each and three (3) types of communication which he/she might have with this person.

Suggested Content Outline	Learning Opportunities
measurement	(2) How could one remember to tell him/her?
i. Height/weight measurement	(3) What if one is frightened of the supervisor?
ii. Dental inspection	(4) How could the health promoter help the supervisor understand the refugee group and its problems?
iii. Inspection of small children for nutrition and illness (2) Preventive measures that he/she can teach (a) Nutrition	13. Through class discussion and question and answer, the instructor can help the student health promoters to understand an overview of what types of activities they will be carrying out. He/she might wish to do a simple demonstration of a preventive measure:
(b) Sanitation and safety (c) Protection through immunization (d) First Aid	(a) Utilizing the cooperation of one student, a dental inspection might be carried out using a flashlight and a tongue blade. The student's mouth looks...? What might the student need to do to maintain or improve his/her dental health?
(e) Family planning methods (3) About community resources and where to seek care or prevention	(b) Utilizing another student, the instructor comes to her home (in the roleplay situation) and finds that she has left the family dinner off the stove and uncovered on the table... What does she need to know?

OBJECTIVE (7) Following instruction, the health promoter can demonstrate some important considerations when applying for a job.

EVALUATION: His/her demonstration would include three (3) important points as discussed in class.

Suggested Content Outline

- (4) Self-care to be carried out in the home
  - (a) Dental care
  - (b) Care of simple illnesses or injuries

B. Practical Applications for Health Promoters

1. Learning marketable skills
   - a. Refugee resettlement goals include job skill training
     - (1) Health maintenance skills and experience may be a path to employment
     - (2) One survey indicated that primary health workers in California earned average $8,500 per year
   - b. Salary for health promoters is an important incentive to work
   - c. Payment depends upon funds available to the organization for which the health promoter is working
   - d. Points to recall in a job search

Learning Opportunities

14. In order to gain a perspective from a health promoter working in the field, the instructor can arrange for the student health promoters to meet with a trained refugee health promoter. It may be convenient to visit one of three in Los Angeles at the Indochinese Refugee Services Center,
524 North Spring St., Los Angeles, 90012.
(213) 974-7314.

15. The instructor can have student health promoters roleplay job interviews in pairs, then present in front of the class.

Questions:

- (1) If you were the employer, would you hire this person if your organization had the money to pay him/her?
- (2) What is good about his/her presentation that makes you feel that he will be a good employee?
- (3) Does he/she speak well and with confidence?
- (4) Is his/her appearance clean and consistent with the image of someone who would know about health?
- (5) What does his/her recommendation say about him/her?

Suggested Content Outline	Learning Opportunities
(1) Communication ability	
(a) Reading, writing	
(b) Language of country of resettlement	
(2) Experience and recommendation by	
i. Instructor	
ii. Coordinator	
(3) Appearance	
(4) Ability to convince employer that this Health Promoter, you, are someone that he/she needs	16. The instructor might wish to give a simple pre-test to assess the student skills prior to instruction, and to give a basis for comparison after completion of the various units.
e. Certification of completion	Sample pre-test problems:
(1) Personal satisfaction in having completed a program	(1) Use a doll and demonstrate what you would do if this were a choking infant.
(2) Evidence of competence for employment	(2) How would you care for a cut on your skin?
2. Gaining valuable information for home use	(3) What should be done about a hole in a tooth?
a. Organizations such as Red Cross advertise First Aid and other training to benefit parents and families	(4) How should food be stored?
b. Knowledge of preventive and emergency care can save lives, suffering and money	17. Students could list skills they feel would be personally helpful to them in their homes or that they believe would help them be better health promoters. If not in the proposed curricuriculum, these could be added.

OBJECTIVE (8) Following instruction, the health promoter could discuss practical advantages of having completed a course such as the health promoter program.

EVALUATION: He/she could discuss at least three (3) major advantages as discussed in class.

OBJECTIVE (9) Following instruction, the health promoter could discuss ways in which the health promoter can specifically help other refugees solve health problems.

EVALUATION: His/her discussion would include at least three (3) ways, as discussed in class, in which the health promoter can help other refugees solve health problems.

Suggested Content Outline	Learning Opportunities
c. The quality of life can be better for the whole family if the health of its members is good d. Parents can be more confident if they have a background of health promoting knowledge and are able to use this knowledge	18. The student health promoters could divide in pairs so that each could examine and discuss one aspect of the health promoter program and how the health promoter can make a difference to the people in maintaining and improving their health.
3. Helping peers to maintain/seek health a. Refugees need health care (1) Have been travelling (a) Have lacked medical care (b) Have lived in crowded conditions with sanitation problems (2) May have chronic health problems, communicable diseases, under-immunization	19. In skit, song, pantomime or story form, the student health promoters might dramatize how the health promoter coming to the door of a refugee might begin to help him/her and the family solve their health problems.

Suggested Content Outline	Learning Opportunities
(3) Need information about health and healthful living b. Refugees often lack access to care (1) Lack transportation (2) Lack understanding of and may fear health care system (3) Receive low income	20. The instructor can talk with the student health promoters who might want to share experiences that they have had with difficulty in accessing the health care system in their resettlement area. They might wish to draw up a list of reforms which could be shared with caregivers.
(4) Have difficulty in speaking the language of the caregivers in a new country c. Satisfactions for the trained refugee health promoter in aiding peers (1) Own feelings of satisfaction (2) Helping to elevate the status of the people (a) Physically (b) Mentally (c) Socially (3) Performing a valuable service (4) May be the only person with whom a refugee will speak and share his/her thoughts, problems (5) Help people help themselves	21. Conversely, students may wish to share experiences of positive intervention by health caregivers in their area of resettlement or in previous areas of shelter prior to the arrival in their new location. Questions: (1) What particular qualities in a health care worker did you appreciate? (2) How did this person approach you? (3) What services did this person provide for you? (4) How did you feel? (5) How do you believe that the helper might have felt?

OBJECTIVE (10) Following instruction, the health promoter can demonstrate his/her understanding of the working of groups.

EVALUATION: His/her demonstration would include a discussion of three (3) reasons why people join groups, and of three (3) types of behavior that is seen in groups (talking, listening, leading, following, who talking with whom) for example.

Suggested Content Outline	Learning Opportunities
maintain dignity (6) Help them gain access to health care (a) Show them where to go (b) Help them decide when care is needed	21. The instructor can have one or two student health promoters sum up the overall concept of the health promotion program as it has been presented thus far. Misconceptions can be cleared and all can focus on what it is that the group will hope to accomplish.
4. Working in and with groups a. Necessary part of becoming a health promoter (1) Health promoter is at the "front line" closest to the people (2) Is one of the health care team b. Why do people join groups? (1) People have always worked together	22. The instructor can have the student health promoters focus on themselves as members of the health caregiver team. Class members can be called on to name other members of the caregiver team. The instructor could graphically illustrate this by preparing teacher-made flannelboard figures representing caregivers such as: doctor, nurse, administrator, counselor, health promoter and others. Students who name individual members of the team can come to the flannelboard and place the figures in a circle.
(2) Hope to gain something from belonging (a) Support, help (b) Friendship	23. Student health promoters can participate in various observations to see how groups work. The group could be divided into smaller groups of four. Each could be given something to discuss. The remainder of the class could observe, then tell whom they thought was a leader,

Suggested Content Outline	Learning Opportunities
c. What do people bring to the group? (1) Their past experience (2) Their expectations (3) Their abilities	who a follower, who listened, who talked and to whom. Questions: (1) Do we work best in groups? (2) Why or why not?
d. How do people behave in groups? (1) Who speaks most? (2) Who does not speak at all? (3) Who waits for instructions or for someone else to speak first?	(3) When does the group begin to lose the ability to work well? (4) What behavior did you see? (5) Is it necessary for group members always to agree? (6) The leader may influence the followers, but do they change the leader's mind also?
5. Learning How to Communicate a. You have something to say (1) You want to talk about health (2) You want to help the people	24. The instructor can show some teacher-made posters or illustrations to add to the students' understanding of concepts. (1) Have something to say, but not able to say it... (cartoon with a muzzle or gag over the mouth.)
b. You need to learn to talk to people (1) If cannot teach, your knowledge cannot help	(2) Need to learn to talk to people...if cannot teach, knowledge cannot help them (cartoon of a person with large head full of information, mutely face-to-face with another.)
(2) If cannot get people to talk to you, will not know what they are thinking c. Beginning communication	(3) Cannot get people to talk, will not know what they are thinking... (cartoon with the other person's head full of

OBJECTIVE (11) Following instruction, the health promoter can evaluate a presentation by another based on overcoming barriers to communication.

EVALUATION: His/her evaluation would show an understanding of five (5) of the many possible barriers to communication that were discussed in class.

Suggested Content Outline

(1) How do you sound when you speak?

- (a) Does your voice sound pleasant?
- (b) Do you look, feel and sound confident about what you want to say?

(2) How are you being heard or understood?

- (a) Do you think that the person or people already know something about what you want to tell them?
- (b) Are they interested?
- (c) Do they understand you?
- (d) Can you help them see the difference or the connection between what you are saying and what they are doing?
- (e) Do you accept the person/s or might they be

Learning Opportunities

problems, mouth set in a straight line.)

25. After the discussion about how one might be perceived by an audience, the student health promoters might practice speaking into a tape recorder, listening to their voices, and evaluating the quality of their voices and how they sound. They might then re-do the same short speech, changing the volume, pitch, speed of speaking. Very short health presentations could be the topic:

Examples:

(1) Children aged two months and up should begin their immunizations. Parents may bring them to the Department of Health Services next door to the Van Nuys City Hall.

(2) Is your child in danger of being burned? Be certain that you cook safely, with handles turned inward. Protect your child from great suffering and never leave small children alone.

(3) Let roaches know that they are unwelcome. Bag and remove all garbage and do not leave food unwrapped or soiled dishes in your kitchen.

Suggested Content Outline

able to tell that you do not?

(f) How can you tell if they are understanding?

(g) Do they need to change what they are doing?

(h) How will they be helped by changing?

(3) Start where the person is

  (a) If he is not yet ready to speak, sit, wait, let there be silence

  (b) Ask a question

    i. May get more information if not a "yes" or "no" question

    ii. Example: "How do you feel?"

    "Are you all right?"

  (c) Listen carefully to the answer

  (d) Decide what to say next

(4) How you say something may be as important as what you say

Learning Opportunities

26. Student health promoters can each prepare a short talk on something like the health topics in the previous learning opportunity. They might be evaluated by one class member who watches the audience of the other students, and by the class to observe for some of the possible barriers to communication. Students can then be told which barriers they need to improve.

27. Each student health promoter can draw a figure on a piece of paper. He/she and a partner can go to the blackboard with one partner blindfolded and a piece of chalk in his hand. The partner who drew the figure on the piece of paper will explain to the blindfolded person how to draw it. The communication is good if the blindfolded one draws it accurately. Size is not important. The original drawing is shown to the class.

28. The instructor can play some music on a tape--example, sad music. The students can then pair and one can start talking to the other about a happy topic, or one in contrast to the mood. The "sad" student can tell how he felt when the partner intruded on his/her mood with an opposite message.

  (1) Did it make him/her happy?

  (2) Did he/she resent the instrusion?

  (3) We need to be sensitive to others' feelings when we speak and work with them.

OBJECTIVE (12) Following instruction, the health promoter can explain how the health promotion program idea can be shared and developed.

EVALUATION: His/her explanation will include three (3) main ways in which interested organizations can learn about health promotion programs and how health promoters themselves can help.

Suggested Content Outline

C. The Health Promoter at Work

1. Promoting the Concept
   - a. How can others learn of a successful program?
     - (1) We can tell people about it
     - (2) We can write about it
     - (3) We can share it with others interested in bringing primary care and health promotion to people
       - (a) Refugee organizations
       - (b) Part of the County Health Department Indochinese Refugee Services Center
       - (c) Asian private doctors, dentists
     - (4) We can all help change and improve what is taught to health promoters

Learning Opportunities

29. The instructor can use a lecture format to explain the importance of the health promotion philosophy and the means whereby the concept can be disseminated to other groups.

    Questions for review:

    (1) How can we help others learn about our health promotion program?

    (2) Whom could we tell?

    (3) How can people interested in starting health promotion programs learn about them?

30. One or more of the student health promoters could write a short article which could describe the health promoter class, what types of health topics it would be covering, which population(s) it would be serving and the overall goals of the program. This could be written in one or more Indochinese languages and sent to various health personnel through a list published by the Indochinese Refugee Services Center, Los Angeles County Department of Health Services.

Suggested Content Outline	Learning Opportunities
b. How would organizations know whether health promotion would help their people? (1) An organization could begin very slowly with a small number of people to be trained (2) The program could be tried for a short time - does it work? Do people find it helpful? (3) Health promoters and people whom they help can tell others b. People who are interested in starting a health promoter program can (1) Look at statistics (a) Number of promoters completing programs, working (b) Change in number of people coming to health centers (c) Change in type of illness seen i. Not as serious ii. Informed	31. At some point during the class, student health promoters could invite members of the health caregiving system to observe a class and a series of demonstrations such as skits which may have been done as learning opportunities. Other demonstrations might include bandaging, child care, fever control or short health talks.

OBJECTIVE (13) Following instruction, the health promoter can develop a profile of desirable qualities in a health promoter.

EVALUATION: His/her profile would include four (4) desirable qualities of those listed in class.

Suggested Content Outline	Learning Opportunities
seeking care early	
(2) Read books and journal or magazine articles that tell about successful programs in many parts of the world	32. The instructor could share some refugee health materials produced by the World Health Organization and others, showing pictorial representations of health promoters or primary health workers doing their jobs.
(3) Seek grant funding for money to start programs	
(a) From the Government	
(b) From wealthy organizations that give money for important projects	
2. Health Promoters of all Ages	33. The instructor can have the student health promoters list qualifications that would be desirable in health promoters.
a. Who can be a health promoter?	
(1) A person with interest, time and imagination, energy	
(2) A person who likes working with others singly and in groups	
(3) A person who can learn quickly	
(4) A person who wishes to help people who need health	

OBJECTIVE (14) Following instruction, the health promoter can discuss the role of the child health promoter.

EVALUATION: His/her discussion will include three (3) indications for children to become health promoters and three (3) types of organizations in which children can receive health promotion training.

OBJECTIVE (15) Following instruction, the health promoter can develop a presentation suitable to present to child health promoters.

EVALUATION: The information developed would include factual content as well as a practice opportunity or graphic illustration.

Suggested Content Outline	Learning Opportunities
information (5) A person who is sensitive to the needs of others and accepting of them as they are	
b. Children as health promoters (1) Children often have to care for younger siblings (a) Give more care than working parents in some areas (b) Need to know how to i. Feed ii. Care for illness iii. Bathe and clean (2) Will be better childminders if	34. The instructor can get some of the special adapted Child-to-Child materials or can use illustrations from which the student health promoters can develop a presentation to give to a group of children. Possible topics for a presentation to children: (1) Safety at home - burn prevention (2) Caring for wounds (3) What to do when a playmate or sibling appears seriously injured (4) How to care for a child with dehydration — "The Story of Abdul and Seri" (5) How to prevent bites and stings

Suggested Content Outline	Learning Opportunities
trained in health care (3) Will be better parents themselves (4) Can instruct the young children and parents as well (5) Types of organizations through which children can be trained (a) Scouts (b) Asian Saturday School (c) Religious school (d) Planned afternoons with adult supervision i. Village ii. After school "club" iii. As part of the school curriculum	(6) Getting along with or helping children with handicaps (7) A drama about immunization 35. Student health promoters can go into the community and report back to class about groups of children whom they might teach, benefiting the children as well as sharpening their own teaching skills.
(6) Types of learning opportunities for children (a) Humorous stories (b) Skits in which puppets, drawings are used (c) Opportunities to practice	36. The students may wish to make some of the teaching tools which they would use in teaching children. They may wish to use games that they remember from their own countries, or dramatize ethnic stories to make a point about health.

OBJECTIVE (16) Following instruction, the health promoter can synthesize an evaluation plan for the training of student health promoters.

EVALUATION: He/she can include when, how and what and who would be evaluated.

Suggested Content Outline	Learning Opportunities
3. Health Promoters Evaluate the Health Promoter Programs a. When will evaluation take place (1) Periodically following completion of an activity (2) Following completion of training b. Who will evaluate (1) Student health promoters (2) Providing a two-way evaluation (a) Protection of the weak (b) Gives everyone a voice c. What will be evaluated (1) How well the course is preparing us to do the job that we would do working as health promoters (2) How well we are learning a certain activity or procedure	37. The instructor can have the students develop an evaluation plan for the course. Questions: (1) What does it mean to evaluate the course? (2) What good will it do to evaluate the course? (3) When will we evaluate it? (4) What will we evaluate? (5) Whom will we evaluate? (6) In what way will we go about doing it? (a) Discussions? (b) Have someone write down suggestions? (c) What questions do we need to ask? (d) Whom shall we ask? (e) Is the purpose of evaluation to frighten anyone? 38. Illustrating the process of evaluation, the instructor can use an example of a learning opportunity already completed. The job interview: We were all roleplaying as if we were look-

Suggested Content Outline	Learning Opportunities
(a) Do we need more practice?	ing for a job as a health promoter. We each evaluated ourselves and others to see what improvements we needed to make so that we would do better when we actually would be applying.
(b) Do we need different learning opportunities?	
(3) Are we able to answer the questions asked by the teacher?	Recall how we made the tapes of our voices. We repeated them and changed them. That was a way of conducting an evaluation and making changes from what we learned through evaluation Evaluation is really just another way of learning.
(4) Do we seem to be helping the people whom we have contacted in the community?	39. Can we evaluate what we have been able to do outside the classroom? Students would be asked to share either positive or negative comments about field opportunities such as:
(a) How do we see positive evidence?	
(b) Do we see negative evidence?	(a) Making home surveys:
d. Who to evaluate? (1) Helpful teacher?	Did you feel that people wanted to talk to you?
(a) Does the teacher talk down to us?	When you told them that you were health promoters, did they ask for help? Did you think that you could help them?
(b) Does the teacher speak as if no one else's opinion matters?	What were some negatives? (b) Weighing well babies and pregnant mothers:
(c) Will the teacher learn from our comments?	Did mothers mind that you and not the regular person were weighing them?
(2) What about the administrators or those in charge of the program?	Did you feel that they wanted to talk to you? Did anyone have a negative experience?

OBJECTIVE (17) Following instruction, the health promoter can devise a means for an instructor to evaluate the students completing a task or completing an entire program.

EVALUATION: The evaluation devised by the student would include three (3) main functions of evaluation as discussed in class and when and what and whom that the teacher would evaluate.

Suggested Content Outline	Learning Opportunities
(a) Has one of them ever visited the class? (b) Do we seem to have the things that we and the teacher need? (c) What is missing? (d) What would we change?	40. The instructor can direct the focus of the class on evaluation as a means of communication: How will the organization in charge of this class know about needed changes such as: (Would the organization know about the temperature of our meeting room unless we say something?) Can any of the class members think of other needed changes or ways to use evaluation?
	41. As a review: We have said that evaluation serves as a means of learning and as a means of communication. It is also a measurement. Would someone in the class like to communicate with me about how I might better help him or her to learn?
4. The instructor and others may evaluate the health promoter and program: a. When will evaluation take place? (1) At the completion of an activity	How do I measure against other instructors that you may have had at one point or another? Against your expectations of an instructor?

Suggested Content Outline	Learning Opportunities
(2) At the completion of the program	42. Students can be encouraged to devise a plan for the instructor to evaluate the class and its activities.
b. Who will do the evaluating?	
(1) The instructor	Students can divide into small groups, pretending that they are instructors. Each group could be given an agenda to follow to devise an evaluation of their program. Depending upon the reading ability of the group, it may be an oral or a written agenda.
(2) Possibly some of the organizers of the program or those who support it	
c. What will be evaluated?	Questions:
(1) The progress of the students	(1) What are three main functions of an evaluation?
(a) How well do they seem to learn?	(2) How can you use these to check your teaching program?
(b) Are they able to answer questions?	(3) When would you evaluate? (4) Whom would you evaluate?
(c) Are they also able to perform skills?	(5) What would you evaluate? (6) With whom would you share your evaluation?
i. Can they teach?	43. The instructor could have the students discuss the conclusions of the small groups.
ii. Are they afraid to teach, but answer all questions in class?	
iii. How can they improve?	
(2) The effectiveness of the class in enabling students	

Suggested Content Outline	Learning Opportunities
to perform as needed to become effective health promoters	44. The instructor could have the students focus on problems frequently encountered by instructors:
(a) The learning opportunities i. From student feedback may be deleted	(1) How can the instructor help the student who wants to learn, but who is very shy and quiet and reluctant to speak?
ii. New opportunities may be added	(2) What can be done for the student who speaks none of the language of the new country, yet who would be a very good health promoter?
(b) The objectives or the teaching plan i. Are students able to achieve what is planned	(3) What of the student who does well in class, but whose personal appearance and habits do not appear to be those of someone who practices a healthy style of living?
ii. Are the plans too difficult or impossible in the time allowed for class	45. Students could pair as "instructor" and "problem student" and have the "instructor" counsel the "problem student." The class could then close with some general comments.
(c) The instructor and teaching style i. Is it too harsh?	46. As a review, the student health promoters could tell about some of their understandings of why they are being trained, and what some of their tasks may be as health promoters.
ii. Opinionated?	
iii. Is the instructor supportive	

Suggested Content Outline	Learning Opportunities
of students who are new to tasks?	
(d) The class environment and materials	47. The instructor may elect to develop any type of learning opportunity that will:
i. Does the instructor have the necessary materials to carry out the class activity?	(a) Show the students how to help measure the effectiveness of a program (b) Learn from the evaluation (c) Help make recommendations for changes in the program in any of its aspects.
ii. Is the meeting place adequate?	

See appendix for:
Application for Health Promoter
Interview and rating sheet
Job description of Health Promoters
Job description of Health Promoter Coordinators

Suggested Resources

Books:

Aarons and Hawes. *Child-To-Child*. England: Macmillan. Available from TALC (Teaching Aids at Low Cost), Institute of Child Health, 30 Guildford St., London WC1N IEH, England.

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Mills, Cyril R. *Activities for Trainers: Fifty Useful Designs*. San Diego: University Associates, 1980.

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Fendall, N. R. "Training and Management for Primary Health Care." Proceedings of the Royal Society of London 209, no. 1174 (July 1980): 97-109.

Hansen, J. D. "The Role of the Doctor in the Changing Health Services." South African Medical Journal 54, no. 4 (July 1978): 161-65.

Newell, Kenneth. "Health Care Development as an Agent of Change." WHO Chronicle, no. 30 (1976): 181-87.

Salber, Eva J. "Where Does Primary Health Care Begin? The Health Facilitator as a Critical Figure in Primary Care." Israel Journal of Medical Science 17, no. 2-3 (1981): 100-110.

Yee, T. T. and R. H. Lee. "Based on Cultural Strengths, a School Primary Prevention Program for Asian-American Youth." Community Mental Health 13, no. 3 (1977): 239-48.

Manuscripts:

Tello, Jerry. "Familia En Flor Facilitator Training Curriculum." Parent Education Project. Harbor-UCLA Hospital, Torrance, California, Winter, Summr, 1983. Elaine G. Williams, Conference Coordinator. (213) 757-2121.

Werner, David. "Health Care and Human Dignity: A Subjective Look at Community-Based Rural Health Programs in Latin America." Hesperian Foundation, P.O. Box 1692, Palo Alto, California, U.S.A., 1978., pp. 14-15.

Werner, David. "The Village Health Worker--Lackey or Liberator?" International Hospital Federation Congress Sessions on Health Auxilaries and the Health Team, Tokyo, Japan, 22-27 May 1977.

Materials:

Blindfold(s) or bandanas

Chalk and blackboard

Doll

Flannelboard

Colored paper or cardboard, sandpaper for teacher-made figures

Tape recorder and cassette tapes

SUB-TOPIC: SELF-CARE PHILOSOPHY

GENERALIZATION: The individual is responsible for his/her own health and that of the family.

OBJECTIVE (1) Following instruction the health promoter would be able to demonstrate an understanding of the differences between traditional health care and informed self-care.

EVALUATION: He/she would name two (2) differences between traditional care and informed self-care.

OBJECTIVE (2) Following instruction, the health promoter can discuss the meaning of health promotion and display health behaviors that the informed person practices to protect his/her health and that of the family.

EVALUATION: The student would discuss or demonstrate (3) health practices or behaviors that promote health.

Suggested Content Outline	Learning Opportunities
A. Information about health for everyone 1. Self-care means that ordinary people can learn to care for themselves and may not need to visit a doctor for simple illness a. Often doctors do not tell people what they want to know b. If people have enough information, they don't feel helpless and go for medical help when it may not be needed c. Traditional versus informed self-care (1) Traditional	1. The instructor can share a cartoon by David Werner: "Two Examples of Health Care." The class can be divided into pairs and role play that one is a non-sharing health professional, the other the patient. Roles can then be reversed and the former "patient" can play the health promoter who encourages the "patient" to learn what he needs to know to care for himself.
(a) Person does nothing and illness worsens	2. The class can talk about experiences which the members might have had in which a

Suggested Content Outline	Learning Opportunities
(b) Person may use folk rememdies that may or may not be helpful or harmful (c) Person goes to doctor expecting an injection and immediate cure (2) Informed self-care (a) Learns to care for self and family safely (b) Make informed decision about when/where to see doctor (c) What to expect or ask for from the doctor or health care professional	doctor or health care professional told them to do something without explaining why. They can examine what they did. Questions: (1) Is it common to go to a clinic, be given some "pills," come home and throw them away or into a drawer without taking them? (2) Why do people do this? (3) Why is it important to understand and follow instructions if one does go to a doctor or health professional?
2. Self-care includes prevention a. There are many things that we can do to stay healthy and teach our children to stay healthy, too b. Examples of healthy or health-promoting behavior (1) Handwashing (2) Getting vaccines for the family (3) Eating a healthy diet	3. Students can give examples of health-promoting behaviors or might attach teacher-made flannel board figures to illustrate healthy versus unhealthy behaviors. Students could contribute to a list of preventive health care items that one should have at home: Examples include: (1) Toothbrushes for family (2) Soap and shampoo (3) Vaccination cards for family (4) Kitchen wrap food covering

Suggested Content Outline	Learning Opportunities
(4) Getting exercise every day	4. Conversely, student health promotors can focus on behaviors that may be harmful to health and compare and contrast them with those that are beneficial.
(5) Allowing ourselves rest and relaxation-reducing stress	
(a) Social time with friends	Students could explore how health may be affected by re-examining information that they collected on the survey of the community or on a theoretical community casefinding activity.
(b) Trying to work out our problems by talking about them and not allowing stress to overwhelm us	Example: The baby has a runny nose. He is crawling on a cold floor wearing no clothing. Share and discuss these factors.
c. Examples of behaviors that may be harmful	5. Student health promoters can relate the unhealthful behaviors to various health problems by discussing them in class.
(1) Using chemicals to change our moods	Questions:
(a) Drugs from the street	(a) What are some of the dangers of taking street drugs?
(b) Drinking alcohol	(b) What are the effects of the use of alcohol on the body, on the whole community?
(2) Smoking	
(3) Eating foods that are very high in sugar, salt, fat	(c) How can certain foods affect the body in a harmful way?
(a) Candy	
(b) Potato chips snacks	
(c) Many fried foods	
(4) Not immunizing children until the school insists on it	

OBJECTIVE (3) Following instruction, the health promoter can make a convincing argument in favor of the lay person having access to medical information.

EVALUATION: He/she will mention four (4) advantages of the lay person having medical information as discussed in class.

Suggested Content Outline

3. Medical information is most helpful when shared
    - a. People have the right to know how to care for selves
    - b. Ordinary people are intelligent and when shown how to do even a complicated medical procedure can do it well
        - (1) Example: Mother of disabled child is taught by doctor how to pass a tube into bladder to remove urine
            - (a) Child can be cared for at home
            - (b) Parent feels competent
        - (2) Example: Parent of child is taught by health promoter how to recognize and treat diarrhea before dehydration can occur
            - (a) Child is prevented from becoming very ill
            - (b) Parent feels competent

Learning Opportunities

6. Students can give examples of how the sharing of medical knowledge can be helfpul.

    Questions:

    (1) Have you or anyone in your family suffered a serious illness?

    (2) Did you or anyone in the family have to care for the person at home after that illness?

    (3) Were you able to do it?

    (4) What might have helped you do it with more ease, better?

    (5) What procedures did you have to do for the recovering person?

    (6) How did you feel about doing it? Were you frightened?

    (7) Did a doctor or someone help you understand before taking the person home?

7. The group can roleplay a situation in which a person is hospitalized, returned home, and through poor understanding, has to be returned to the hospital several times because the family does not understand how to care for him at home.

OBJECTIVE (4) Following instruction, the health promoter can display his/her understanding of the ways in which uninformed lay people may increase health care costs in time and money.

EVALUATION: He/she will list and discuss three ways in which the uninformed person adds to health care costs--in time and money.

Suggested Content Outline	Learning Opportunities
c. If health information is hoarded by health professionals (1) Many never have opportunity to see a health professional (2) A resource that should belong to all becomes political	8. The group can roleplay a situation in which a health promoter teaches a person what to look for in a sick child and the care of that child. The child recovers and the parent has learned how to behave the next time that this happens. A doll may be used as a prop. This may be done in the form of a skit or roleplaying in pairs.
4. Advantages of self-care a. When people become participants in their care through increased knowledge, they: (1) Increase ability to think and act for themselves (2) Preserve dignity (3) Increase personal resource b. Having access to medical information can save lives (1) Example: first aid training - stopping bleeding (2) First aid - choke saver maneuver (3) Care of infant with	9. Following discussion of the advantages of self-care, the group can roleplay the situation in which the parent takes the child to the doctor for a very minor illness, runs out of Medi-Cal stickers or funds, then fears that he cannot take the child for care when the baby is seriously ill with a high fever and vomiting. Questions: (1) What might the parent do next time? (2) If he/she is better-informed might he/she save the resources for a later time? (3) How might the child have been cared for at home the first time when he had a slight cold?

Suggested Content Outline	Learning Opportunities
high fever c. Access to medical information can save money (1) Health care is expensive	(Later sections will focus on specific treatments or aspects of prevention which the student health promoters can practice sharing in class or in actual comunity settings following practice in the class setting.)
(a) Government - tax payers pay-costs someone (b) Not all services are paid by government programs	10. Student health promoters may wish to share and discuss medical bills to focus on the costs. Department of Health Services and County Indigent or other methods of government and privately-supported care can be discussed.
(2) People who have not taken care of themselves or prevented illness and accident (a) Are likely to have more serious illness	The instructor may wish to obtain daily hospital costs from some large public and private hospitals. The costs could be plotted on teacher-made poster to help the students see magnitude of long term care costs.
(b) May need to be hospitalized (c) May suffer needlessly i. Higher cost ii. Longer illness	11. Later in the course there will be a section on the prevention and care of infectins. Questions: (1) What may happen if a person cuts himself on a dirty object, for example, while working on a car?
(3) People who lack medical information and have access to medical care may:	(2) He neglects the injury through lack of knowledge. (3) What may possibly happen to him?
(a) In a dependent manner seek care unnecessarily (b) Use up govern-	(4) Why is it best not to neglect illness and injury? 12. The students can each prepare a short lesson on the savings of informed self-care.

Suggested Content Outline	Learning Opportunities
ment stickers or money that may need later for serious problem	
(c) Use time of health professionals that may need to be given to someone else	13. If possible the instructor may be able to obtain permission to have the student health promoters visit a busy large hospital emergency room. They can return to class to discuss why it might not be desirable to use the emergency room as one's family physician.
i. Emergency room as one's doctor	Questions:
ii. Clinic time making others wait longer	(1) Did the doctors or nurses have time to spend with each patient?
	(2) How did you feel while in the emergency room?
(d) People's uninformed insistence on certain treatments can be detrimental	(3) What types of problems did the patients seem to have?
	(4) How long did non-emergency problem patients have to wait?
i. Expectation for an injection	(5) How much does an emergency room visit cost?
ii. Injections often antibiotics best for bacterial infections	14. Situation for discussion:
iii. Doctor wants to please patient, gives injection	A. The uninformed and dependent parent takes the child to the doctor for a slight cold and insists that the doctor give an injection. The doctor gives an antibiotic. The child develops a serious reaction to the drug and has to stay overnight in the hospital.
iv. Antibiotics	B. Cares for the child at home with rest, fluids and a

OBJECTIVE (5) Following instruction, the health promoter could teach another person how to prepare himself and his home so that he could care for an ill member of the family at home in an informed manner.

EVALUATION: His/her lesson would include at least two (2) items from each of three (3) areas: information, assessment and treatment.

Suggested Content Outline

less effective for infections

5. Self-care includes informed at-home care of the ill
    - a. Preparation of the home for informed home-care
        - (1) Obtain some type of reference material to help (such as Glossary and Medical Guide-Indochinese Languages from Department of Health Services or Your Organization)
        - (2) Prepare yourself so that you will know what to do to care for someone at home
    - b. Equipment needed
        - (1) Assessment equipment
            - (a) Flashlight
            - (b) Thermometer
        - (2) Treatment equipment
            - (a) Basin

Learning Opportunities

nourishing diet.
Both children eventually recover.

Questions:

(1) Could this happen? What are your opinions?

(2) What might the parent and child have been spared if child A had been cared for at home in an informed way?

(3) Given rest, fluids and a nourishing diet, does the body have the ability to recover from a cold without medicine?

(See later section on childcare—care of colds and flus.)

15. Student health promoters can contribute to a list of things that they would need to prepare themselves to care for a family member at home. They might illustrate a poster of the things needed or might write a list of things to collect.

16. The student health promoters could prepare and give a short lesson to community members on how to prepare themselves to care for a family member at home.

OBJECTIVE (6) Following instruction, the health promoter would be able to define and discuss the main points included in the self-care philosophy.

EVALUATION: His/her definition and discussion would include five (5) important points related to self-care: Responsibility for own health, prevention of illness, at-home care of the ill, and knowing where to seek help.

Suggested Content Outline	Learning Opportunities
(b) Soap (c) First aid supplies (d) Materials for making gargle and rehydration drink (see later sections on First Aid and Childcare) i. Salt ii. Sugar iii. Measuring spoons or may use fingers (e) Ice packs made of folded wet paper towels and stored in freezer if have refrigeration (f) A heating pad of hot water bag	17. The instructor could bring in examples of home care equipment for the students to examine and discuss. The goal would be to encourage students to have these things in their own homes and teach others to prepare themselves to care for an ill person at home. The home-care equipment should be: (1) Easily-collected (2) Simple (3) Inexpensive if purchased
6. Self-care includes knowing when and where to seek help with health problems a. When a health problem does not respond to home treatment, it is important to seek care (1) Keeping this in mind will help you to	18. The instructor could introduce the idea of looking around the community and naming sources of care. Students could share information about their use of various resources. An in-depth treatment of medical resources can be found in a later section.

Suggested Content Outline	Learning Opportunities
decide when seeking care is important (2) When a problem becomes chronic and does not go away or improve	19. Later sections go into greater depth (see Public Health and Childcare) on when to seek medical care. The instructor can merely introduce the idea at this introductory point if he/she wishes.
(a) Example: when a child's fever remains high (over 103 for more than 24 hours in spite of fever control)	Questions to start discussion might include: (1) Have you tried caring for a sick member of the family at home, then found that medical care seemed necessary?
(b) When a cough does not improve in 2 weeks (see later sections)	(2) What did you do? (3) Where did you take the person? (4) What made you decide to seek professional help?
b. A well-prepared person keeps a list of telephone numbers or persons he/she can call upon to help in case of a medical problem that he/she cannot deal with at home	20. The instructor might explore with students the desirability of having medical resources on hand. Perhaps the name or number of someone to help translate will also be helpful. The students-later health promoters, might be that person who will serve as an advocate for a friend, neighbor or member of the Indochinese Refugee Community.

OBJECTIVE (7) Following instruction, the health promoter can discuss factors that help shape one's health beliefs and health-seeking behavior.

EVALUATION: His/her discussion would include four (4) of the determinants of health behavior as discussed in class. (Culture, family, inner feelings such as values and beliefs, and new information.)

Suggested Content Outline

B. People, beliefs, health behavior and Western Medicine

1. Acquiring health beliefs

    a. Sources of beliefs

        (1) Culture

            (a) The philosophy of an ethnic group, country or region of the world

            (b) Many cultures have held beliefs for centuries

        (2) Family within a culture

            (a) Basic social unit existing for creation of offspring and connectedness of human beings

            (b) Parents raise children as did their parents

            (c) Customs (ways of doing things) passed from one generation to next

Learning Opportunities

21. The object is to get the student health promoters to focus on how people acquire various beliefs which ultimately affect the way in which a person behaves.

    Any learning opportunity which will help the students understand this concept will be helpful.

22. The instructor may wish to present the comparison of Eastern and Western cultures by Tran Van Mai.

East	West
We live in time	You live in space
We are always at rest	You are always on the move
We are passive	You like to act
We like to contemplate	You try to change it according to your blueprint
We accept the world as it is	You try to impose your will on her (nature)
We live at peace with nature	
Religion is our first love	Science is your passion
We delight to think about the meaning of life	You delight in physics
We believe in freedom of silence	You believe in freedom of speech
We lapse into meditation	You strive for articulation
We marry first,	You love first, then marry
Our marriage is the beginning	Your marriage is the happy end of a romance

OBJECTIVE (8) Following instruction, the health promoter will be able to explain how beliefs may influence whether health action is taken.

EVALUATION: His/her explanation would include four (4) beliefs as discussed in class which may influence whether people take health action. (Believe there is a threat, believe that it is serious, believe that there are benefits, believe that there are few barriers, and receive some type of reminder that helps them recall that this is a good action to take.)

Suggested Content Outline

- (b) Children will be immunized
- (5) New information that one acquires may shape his/her behavior
  - (a) The news reaches one that artificial sweeteners are bad for health
  - (b) One may decide not to buy soft drink with those sweeteners

b. Beliefs that may influence whether health action taken

- (1) Whether one believes that there may be a threat to one's health if he/she does not take an action
  Example:
  - (a) There is a danger of one's child getting polio if he is not immunized
  - (b) A child known to the family has had polio

Learning Opportunities

25. The class can focus on peers and how they influence behavior.

Asian	American
	Parent importance to younger child
	Peer importance to teens

Perhaps the students can fill in examples of teen peer pressure if it exists in the country of origin or if it is a problem in the country of resettlement.

26. The instructor may show the relationship between knowledge, attitudes and behavior in a graphic form. The objective is to help students understand that simply telling someone to do something may not get that person to do it...even if the thing seems to be "good" for the person. This will be important background for the teaching that the health promoter will do at a later time.

Students may be given the opportunity to ask questions and gain an understanding of the concepts.

27. The instructor can have the students share experiences in which they acquired some new form of health information which has

Suggested Content Outline	Learning Opportunities	
i. Parent values (what is liked, not liked, believed to be important, unimportant) imparted to young	of a love affair It is an indissoluble bond Our love is mute We try to conceal it from the world	It is the contract Your love is vocal You delight in showing it to others Self-assertiveness is the key to your success
ii. Life style imparted to young - Food - Dress - Religion - Care of ill - Activities	Self-abnegation is the secret of our survival We are taught from the cradle to the grave to want less and less We glorify austerity and renunciation Poverty is to us a badge of spiritual elevation	You are urged every day to want more and more You emphasize gracious living and enjoyment It is to you a sign of degradation (poverty) You retire to enjoy the fruits of your labor
(3) Peers (a) What others like us are doing (b) Examples	In the sunset years of life, we renounce the world and prepare for the hereafter	
i. Teens smoke others follow	23. The health promoters may wish to share their reactions to the East-West philosophical comparisons.	
ii. Majority of young mothers breastfeed, a given new mother will	24. The instructor can have students focus on ways in which the family carries on the culture of a people. This can be done in any number of ways: discussion mimes, skit...	
(4) The values that people have acquired shape their beliefs (a) Feel that it is important to immunize	The students may wish to share explanations of various holidays or explain various health practices pertinent to their cultures. They may use drawings to do so...	

Suggested Content Outline	Learning Opportunities
(2) Whether one believes that the threat is serious Example: (a) One child the family knew died of polio (b) Another child wears leg braces	changed their health behavior. Questions: (1) What was the message that you received? (2) What did you decide to change about your behavior? (3) Are you still continuing to practice the new behavior?
(3) There are benefits Example: One may believe that something is good if it does not cost money (a) The health center is giving free vaccine (b) One can go there to get vaccine	28. The instructor can give examples to illustrate any of the concepts which may affect the beliefs and ultimately the health behaviors of people. Real-life or life-like simulations are often of interest and can provide an opportunity to identify with the characters.
(4) There are no barriers (reasons why one cannot take the action) (a) The health center is close-by (b) Transportation to get the vaccine is not a problem	29. The student health promoters can pair, then switch roles in which one is the "health promoter," the other the "client." The H.P. tries to "convince" the client of the desirability of practicing a certain behavior. Pairs can discuss which benefits or barriers seem to make it likely or unlikely that the "client" will do as asked.
(5) One is cued (reminded) about the available vaccine (a) He/she knew about it, but had forgotten (b) One sees a sign in the street showing children getting	30. Definition of cues: Reminders of the availability of an option. Student health promoters can recall when they have seen or heard cues: t.v., radio, signs, etc. Each health promoter can make a "cue" poster which he/she might later use in teaching. Examples: Address of the local health center and services that one can get there. (See Public Health and First Aid sections.)

OBJECTIVE (9) Following instruction, the health promoter can explain in his/her words reasons why a person may or not take a health action that is suggested to him.

EVALUATION: We discussed several of these in class. The health promoter can explain two (2) reasons that are positive, two that are negative.

Suggested Content Outline

vaccine

2. Taking health action
   a. Likely that person will take health action
      (1) It falls within his system of belief
      (2) The person will feel better about himself if he is able to act on new information easily
   b. Not likely that the person will take health action
      (1) Fear may prevent a person from taking a health action
         (a) Example: If a woman believes that she is likely to find a breast lump, she may fear examining herself
         (b) Parent may fear ill-effect vaccine
      (2) Cost may be too high
         (a) If man told needs operation, may have Medi-Cal, but fear loss new job training
         (b) Transportation to

Learning Opportunities

31. The instructor may wish to review with the student health promoters some of the concepts that have been presented:
    (1) Acquisition of values, customs and beliefs
    (2) How values, beliefs and attitudes, along with information or knowledge, influence behavior
    (3) How benefits, barriers and cues as seen by the person may help determine whether that person will take health action

32. Cue exercise: Situation which could be used:
    A young couple have decided to practice birth control. They have postponed doing so and the woman becomes pregnant. She attends clinic and a health worker discusses birth control information at the last visit before delivery. The pregnancy and the reminder of the available family planning have served as cues.
    (1) How might you, as a health promoter, provide cues to clients?
    (2) What type of cues could they be?

Suggested Content Outline

health care may be too expensive

- (3) Understanding of client may not be complete
    - (a) Sometimes health workers use words that they do not understand
    - (b) There may be an actual language barrier

c. People may not realize that there are many steps that they take before convinced to take an action or change a behavior

3. Understanding of illness and health

    a. Various determinations

    - (1) Health behaviors of cultures differ
        - (a) Asians often do not admit to having pain
        - (b) Westerners may be more open about expressing pain
    - (2) May be variations within cultures

    b. Families vary in their ability to deal with crisis such as illness

    - (1) May depend upon the intactness of the family

Learning Opportunities

33. Fear as a barrier to health practice: You, as a health promoter, try to teach a young woman to examine her breasts monthly as a part of her inform-self-care and prevention. She knows of someone who just had her breast removed for cancer. The young woman admits that she fears examining herself.

    (1) What important things might she not have considered?

    (2) How could you help her?

34. The instructor can refer to the appendix for an exercise on checking the client's understanding. Health promoter students can practice this in the community or in role playing exercises in the class.

35. The instructor can have the students participate in a health values clarification exercise of any type. Refocusing on Tran Van Mai philosophy.

    Have students complete the following or something similar:
    Being ill causes one to_______.
    When one is in pain one_______.
    When one is ill one___________.
    It is a disgrace to cry or show pain. (T) (F)
    One should tell someone if he is in pain so he can be helped. (T) (F)
    These or similar clarifications may point up cultural difference in the perception of illness and behavior during illness. One could also test on prevention of illness.

Suggested Content Outline

(2) The mental health of family heads is important

(3) Individual adjustment to new areas and dislocation may affect the ability to cope with problems

  (a) If someone is upset about loss, not likely to think about prevention of illness

  (b) May not be ready to accept new information

  (c) May not reach the point of taking health action until other problems are resolved

(4) Expectations may be different

  (a) Acceptance of the world as it is

    i. Asian culture may not press for cure

    ii. Westerners seek mastery, control

  (b) Communication

    i. Asian culture quieter, more subtle

    ii. Westerners more open,

Learning Opportunities

36. Priorities may vary with culture and with family.

Western priorities, according to Tran Van Mai, involve getting ahead, success and earning money to live graciously. Eastern involve peace and serenity, and inward meditation...
Student health promoters may wish to comment on this.

37. Situation: The middle-aged woman, mother of four, is a recent widow. She is sad, depressed and grieving the loss of her husband. She is worried about care of the children and how she will cope alone. The health worker wants her to come to the WIC Center to receive nutrition information and food supplements. She has not gone.

(1) Why do you think that she has not gone?

(2) Does she have other things on her mind?

(3) What might you do to help as a health promoter?

(4) Might just having someone listen help her?

38. Expectations differ: Situation: An American mother and an Asian mother both have children with leg problems with which they were born. The American woman is very demanding and aggressive at the clinic. She does not like to wait, she wants her child to receive surgery, and has even said that she will bring her lawyer.

The Asian mother sits quietly and says nothing. She, in fact,

Suggested Content Outline

confronting

4. Departure from country of origin into Western (different) culture and health belief and action

   a. Adjustment

      (1) Aided by association with others from country of origin

      (2) Assisted by representatives of new culture

         (a) Organizations

         (b) Department of Health Services

   b. Children of newcomers mingle with children in new culture

      (1) Adopt new values

      (2) Challenge and help change values of parents

      (3) Cause of some family strife as old ways are challenged

   c. Maintenance of some old ways - acquisition of new

      (1) Can purchase and prepare some familiar foods

      (2) May locate near others who speak language of country of origin

Learning Opportunities

only visited the clinic once. She has not gone back. The child still has the problem.

(1) Can the health promoter help her decide to return to clinic for care?

(2) Could it be that this mother is more accepting of the child as he is?

(3) Is this likely a cultural difference, a difference between the personalities of the mothers, or a little of both?

39. The instructor can have student health promoters focus on the experience of refugee and the culture shock that all have undergone. In order to re-examine their own experiences and better understand people whom they will help, student health promoters can focus on the following:

    (1) What was most helpful to you in adjusting to living in a new country with a different culture?

    (2) Have you used any of aid available to you through your refugee organization, Department of Health Services or Government?

    (3) Were any of these things a problem to you?
    -Fear of the unknown
    -Not wanting to change old customs and beliefs
    -Feeling of depression or loss of old ties
    -Poor physical/mental health

Suggested Content Outline	Learning Opportunities
(3) Will likely encounter new health beliefs, customs, practice	(4) How did you overcome your problems? (5) What might you do to help? others overcome theirs?
(a) Can still maintain some of former practices (b) May rely on some folk medicine i. May be helpful in aiding recovery from ills ii. Possible harms - Toxic to body	40. As an outside assignment, the students can conduct at least one conversation with a fellow-member of the refugee community about adjustment and how this person and family are coping with learning new ways of living and especially solving health problems. Identities of families interviewed are not important unless there is a need for a referral. The results of the field interviews can be shared in class.
- It causes delay in seeking treatment of serious illness (c) Traditional health care people need to understand folk medicine i. Can work with the practitioners ii. Goal: accept people and their beliefs iii. Goal: assist people to learn new health practices	41. The instructor can share an incident told by a health care provider about a baby who was "coined" by well-intentioned mother. This can open introductory discussion on folk practices in different cultures. In this incident, the bluish-black marks on child were mistaken for child abuse; the mother suffered imprisonment and the child suffered separation from the mother before the cultural explanation was brought to police. (1) Health promoters from Indochinese cultures will be most helpful in explaining folk practices to health care providers and police. (See Health Promotion Section.) (2) The health promoter will also be able to interpret treatment to clients and help them begin to learn new ways.

OBJECTIVE (10) Following instruction, the health promoter can explain in his/her own words some of the new trends in Western medicine which are helpful to the self-care philosophy.

EVALUATION: He/she will explain three (3) trends taking place in Western medicine which are calling for doctors to learn new ways and which help the self-care philosophy.

Suggested Content Outline	Learning Opportunities
5. The Western medical trends are changing a. Doctors and other health professionals are learning new ways of practice (1) Doctors have long held tight political control over medicine (a) Health care has been delivered rather than encouraged (b) Nurses and other professionals have long been under the specific order of physician	42. The instructor might show some historical pictures of doctors with nurses working subserviently beside them. These can be compared with today where nurse activities have changed and include many things that only doctors used to do.
(2) American Medical Association (a) National organization of doctors (b) Protection of doctors and maintenance of quality doctor practice b. Today more opportunity for medical knowledge to be shared by doctors and other professional health workers with lay	43. The instructor might explain more about the work of professional organizations such as the American Medical Association. It might be compared with a union of other working people. Questions: (1) What do unions do? (2) Who belongs to them? (3) Are unions powerful? (4) Do unions work to maintain control?

Suggested Content Outline

(a) People are interested in learning about how to keep well

(b) Medicine is turning toward prevention and hopefully will have less to cure

(c) Trends are moving toward looking at the "whole person" rather than just at a disease

  i. Concern with family

  ii. Move toward natural methods

    - Example childbirth centers rather than surgery room for deliveries
    - Example-encouragement of eating natural food-grains

(d) Trend is away from paternalism and power

  i. Health power passing into hands of people

  ii. Self-reliance

Learning Opportunities

(5) How the American Medical Association can be helpful to the consumer of medical services

  (a) One can call for medical referral, ask for bilingual services and three doctors' names will be given.

  (b) The organization does help assure the public that its members are doctors who are fully-qualified to practice.

44. Students can roleplay a doctor who is interested in his/her "whole patient," another student health promoter. The doctor is concerned not only with the disease, but also with the person who is a part of a family, who has plans, goals and needs.

This can be compared with the earlier exercise in which doctor very imperiously ordered "patient" to take his medicine as told and offered little explanation, hoarding medical knowledge.

OJECTIVE (11) Following instruction, the health promoter would be able to define volunteerism and name some of the functions performed by volunteers.

EVALUATION: He/she would define volunteerism in essence as working without pay to help others. He/she would name five (5) types of functions that volunteers have been doing.

Suggested Content Outline	Learning Opportunities
-most effective -most available -most acceptable -most economical	
C. Working together to help ourselves 1. Concept of volunteerism	45. Perhaps student health promoters can share examples of volunteer types in their various countries of origin.
a. Natural networks have long existed in which friends or helpers have aided others without being paid	Questions:
(1) Examples: during the development of the United States of America, farmers helped others build, harvest and fight against natural disasters, invaders	(1) Is volunteerism a Western concept? (2) Is organized volunteerism a Western concept? (3) What do volunteers do in Asian Countries?
(2) Family members from large families have been available for childcare, helping during illness	(4) Is there a difference between urban and rural volunteerism? (5) Is volunteerism seen in Asian church organizations?
(3) Non-family friends have assisted others when families have been broken through war, disaster	46. The instructor can have the students think of advantages and possible disadvantages of volunteering to help others.
b. People with common interest have worked	

Suggested Content Outline

together to aid when money was lacking

- (1) Hospital auxiliaries
- (2) Fund raisers for various charities
- (3) Community workers for organizations such as Department of Health Services

2. Everyone has something to offer
   - a. Parents have long provided some of the services seen and described as done by volunteers
     - (1) Led children's groups such as Scouts
     - (2) Shopped for an elderly neighbor
   - b. Volunteers have been described as doing many of the tasks which are seen as part of the Health Promoter role
     - (1) Health services
       - (a) Transportation of people to doctors, dentists clinics
       - (b) Translating at various offices
       - (c) Counseling-listening to those who need to talk

Learning Opportunities

47. The student health promoters can focus on the concept of volunteerism in any manner that seems appropriate.
    - (a) They can share experiences that they have had in being helped by volunteers such as refugee sponsors.
    - (b) They can share experiences about how they have helped others even if the help was not part of an organized program.

    Questions:

    - (1) Is it necessary to have special training to help others?
    - (2) How does one feel when one can see that he/she has made a positive difference in the life of someone?

48. A situation involving a volunteer service.

    A 10-year old boy had run away from school many times. He was unhappy in his new home and knew he could not return to his old. One day he saw an old woman struggling to carry her packages from the corner store to the apartment complex in which the boy and the woman lived. He helped her, was invited in, given small treat to eat and found a new friend.

    - (1) Is this evidence that volunteers can contribute even without special skills?
    - (2) What advantages might both have as a result of this?

Suggested Content Outline	Learning Opportunities
(d) Childcare (2) Social tasks (a) Inviting people to participate in social events (b) Running errands services of daily living (3) Education (a) Teaching newcomers the language (b) Showing them the community (4) Providing basic needs (a) Sharing housing (b) Providing clothing, money (5) Legal needs (a) Writing of letters (b) Aiding in finding attorneys	49. The young woman spoke to her neighbor one day and found that both had children the same age. Both were in need of child care, but neither could afford it. One wished to take an English class in the apartment complex taught by a volunteer who was a retired teacher. The other was attending prenatal clinic at the health center. They agreed to care for the other's children so that both could participate in worthwhile activities without the toddlers. (1) Is this an evidence of volunteer network? (2) How does each give something and gain something? -The Teacher -Each mother 50. The young man and his child are alone because the wife died. The man wants to pursue job training and needs a place to live until he can afford to rent one. Another family takes him and the child into their apartment even though it becomes crowded. This allows him to pursue job training. In return for the childcare and lodging, he drives the "man of the apartment" to the job training center. (1) Is this kind of sharing something that you have seen? (2) Can you relate to the idea of each sharing, yet gaining from this type of volunteering?

OBJECTIVE (12) Following instruction, the health promoter will be able to list some of the steps to take in organizing people to work together on a project to improve the health of the community.

EVALUATION: He/she will list in his own words five (5) of the eight (8) points of beginning organization as discussed in class.

Possible Responses:

1. Begin where people are
2. Determine if ready for change
3. Assemble them
4. Determine goals, needs
5. Determine time
6. Determine materials
7. Determine participants

Suggested Content Outline	Learning Opportunities
3. There is strength in numbers a. People can bring about change by working together (1) Need to begin where the people are (a) What is needed? i. Better health care?	51. The health promoter students can focus on the problem of organization as though they were organizing people behind a cause such as that of improving the health of the refugee community. They might divide into small groups and using the guidelines for beginning organization, tell what they would do for the community. They would then share with the group.
ii. For whom? (b) Are people ready for a change? i. If not all, are some? ii. Will always be people who will not, cannot, not yet (c) Can the people meet and agree on the change that they want?	52. The student health promoters may refer to the initial case-finding or home interview survey that may have been done at the beginning of the class. What did they learn at that time? Do they need to speak to more people to involve them? Can the students see the goal of improving the health of refugees and what they might need to do to help?

Suggested Content Outline

- (2) Proceed from where people are to where they wish to be
  - (a) Who will help?
    - i. Can anyone be in charge?
    - ii. Who will work, but prefers to follow?
  - (b) When can the work start?
    - i. What is needed?
      - - meeting place
      - - materials
    - ii. What are the goals, plans?
      - - talk to people
      - - get their interest

b. Change may not be dramatic nor quick

- (1) What type of change is hoped for?
  - (a) Refugees start practicing good health care at home?
  - (b) Refugees start utilizing preventive services in the community?
- (2) How can the change be measured?

Learning Opportunities

53. The instructor might share some international material with the students to help them focus on the refugee situation throughout the world.

Questions:

- (1) What do health promoters do in a refugee camp situation?
- (2) Is the organization of people similar regardless of where they are -
  City?
  Rural area?
  Camp?
- (3) If it is not similar, what differences do you see?

54. The students can focus on problems of refugees, people who do not have a lot of money, and people who do not have a great deal of education.

- (1) Do these people have things in common?
- (2) Can they learn?
- (3) Can they help themselves if they see that it is possible, necessary?
- (4) Recall unions - Can people work best together?
- (5) How will the developers of a program, the workers within it, and the people helped know if it is a good program? (See evaluation in A Health Promoter Scheme.)

Suggested Content Outline	Learning Opportunities
(a) Can a check with the clinic tell us if more are making appointments?	55. The instructor may wish to share a report on refugee success in resettlement in the United States, "Making it on Their Own."
(b) Can a check with the school nurse tell us about the children's health?	
(c) What do the people say?	

Suggested Resources

Books:

Alinsky, Saul. Rules for Radicals: A Practical Primer for Realistic Radicals. New York: Random House, 1971.

Hartling, Poul. Refugee High Commissioner, United Nations. The Refugee Child: UNHCR Projects for Refugee Children. Geneva, Switzerland: United Nations High Commissioner for Refugees, 1979.

Henley, Alix. Asian Patients in Hospital and at Home. King Edward's Hospital Fund for London. Tunbridge Wells, England: Distributed by Pitman Press, 1979.

Jones, Kenneth L., Louis W. Shainberg, and Curtis O. Byer. Health Science. 4th ed. San Francisco: Harper and Row, 1978.

Mendoza, Lydia. The Servidor System. University Center on Aging, San Diego State University, 1981.

Parsons, Talcott. The Social System. New York: The Free Press, 1964.

Simmonds, Stephanie, Patrick Vaughan, and S. William Gunn, eds. Refugee Community Health Care London: Oxford University Press, 1983.

Steinberg, Rafael, ed. Human Behavior: Man and the Organization. New York: Time-Life Books, 1975.

Storms, Doris M. Training and Working with Auxiliary Health Workers: Lessons from Developing Countries. Washington, D.C.: American Public Health Association International Health Programs.

Zimbardo, Philip G., Ebbe Ebbesen, and Christina Maslach. Influencing Attitudes and Changing Behaviors. Menlo Park, Calif.: Addison-Wesley, 1969.

Journals and Papers:

Campos, Romana and Charlene Krell. "Refugee Health Care and Health Promoter Training in an Urban Setting." Unpublished paper, California State University, Northridge, for La Clinica Msr. Romero, Los Angeles, 1983.

Center for Applied Linguistics: Southeast Asia Regional Service Center. "Health and Sanitation." A Teacher Reference Series for Cultural Orientation. Washington, D.C.

de Haan, Dale S., Director, Immigration and Program Chairman Refugee Programs. "Making it on Their Own." New York: Church World Service, December 12, 1983.

Freer, C. B. "Self-Care: A Health Diary Study." Medical Care 18, no. 8 (August 1980): 853-61.

Giovannini, Maureen J. and Ann T. Brownlee. "The Contribution of Social Science to International Health Training." Social Science Medicine 16 (1982): 957-64.

Grant, Richard. "Family and Self-Help Education in Isolated Rural Communities. Health Education Monographs 5, no. 2 (Summer 1977): 145-60.

Green, Lawrence W., Stanley H. Werlin, Helen H. Schauffler, and Charles H. Avery. "Research and Demonstration Issues in Self-Care: Measuring the Decline of Medicocentrism." Health Education Monographs 5, no. 2 (Summer 1977): 161-89.

Green, K. E. and S. H. Moore. "Attitudes Toward Self-Care: A Consumer Study." Medical Care 18, no. 8 (August 1980): 872-77.

Holley, David. "Mental Illness Strikes Refugees." Los Angeles Times, 24 July 1983.

Johnston, M. "Folk Beliefs and Enthnocultural Behavior in Pediatrics: Medicine or Magic." Nursing Clinics of North America 12, no. 1 (March 1977): 77-84.

Levin, Lowell S. "Patient Education and Self-Care: How Do They Differ?" Nursing Outlook (March 1978): 170-75.

----------. "Self-Care: Towards Fundamental Changes in National Strategies." International Journal of Health Education 24 (1981): 219-227.

Milio, Nancy. "Self-Care in Urban Settings." Health Education Monographs, 5, no. 12 (Summer 1977): 136-44.

Moree, Nancy A. "On Patients and Drug Regimens." American Journal of Nursing 85, no. 1 (January 1985): 51-54.

Newell, Kenneth. "Health By the People." International Journal of Health Education 19, no. 4 (1976): 218-21.

Rosenstock, I. M. "Historical Origins of the Health Belief Model." Health Education Monographs 8, no. 4 (1974): 328-35.

Scott, C. S. "Health and Healing Practices Among Five Ethnic Groups in Miami, Florida." Public Health Reports 89, no. 6 (1974): 524-32.

Simonds, Scott. "Emerging Challenges in Health Education." International Journal of Health Education 19, no. 4 (Supplement 1976).

Van Parijs, Luc. "Reflections on the Medical Model and the Objectives of Health Education." International Journal of Health Education 23 (1980): 205-15.

Zola, I. K. "Helping One Another: A Speculative History of the Self-Help Movement." Archives of Physical Medicine and Rehabilitation 60, no. 10 (October 1979): 452-56.

Courses/Symposiums:

Mai, Tran Van. "Cross Cultural Understanding and its Implications in Counseling." Cultural Component in Health Care Symposium, Olive View Medical Center, Van Nuys, Calif., 3 June 1983.

Robinson, James. "Introduction to Health Behaviors." Health Science 421, California State University, Northridge, January-May, 1980.

Address Resources:

American Council for Nationalities Services, 815 Fifteenth Street, N.W., Washington, D.C. 20005 (202) 667-0782.

Catholic Welfare Bureau, Immigration and Citizenship Division Archdiocese of Los Angeles, 1400 West Ninth Street, P.O. Box 15095, Los Angeles, California 90015, Telephone (213) 385-7211, Extensions 270 and 319.

CARE, 660 First Avenue, New York, New York, 10016, Telephone (212) 686-3110.

Center for Applied Linguistics Southeast Asia Regional Service Center, 3520 Prospect Street, N.W., Washington, D.C. 20005, Telephone (202) 298-9292.

Church World Service, 475 Riverside Drive, New York, New York 10015.

County of Los Angeles Indochinese Refugee Services Center, Health Unit, 524 North Spring Street, Los Angeles, California 90012, Telephone (213) 974-7314.

County of Los Angeles, Department of Health Services, Preventive and Public Health, Indo-Chinese Refugee Assistance Program, 241 North Figueroa Street, Room 262, Los Angeles, California 90012.

OXFAM-Oxford Famine Relief America, 115 Broadway, Boston, Massachusetts 02116, Telephone (800) 225-5800.

Save the Children Federation, P.O. Box 925, Westport, Connecticut 06881, Telephone (203) 226-7271.

United Nations High Commissioner for Refugees, Public Information Section, Palais des Nations CH1211, Geneva, Switzerland. Telephone 022/310261, Extension 2962.

United States Catholic Conference, 1312 Massachusetts Avenue, N.W., Washington, D.C 20005, Telephone (202) 659-6625.

World Health Organization, Geneva, Switzerland

World Vision Organization, Box 0, Pasadena, California 91109, Telephone (818) 357-7979.

See Werner, David. Where There is No Doctor and Helping Health Workers Learn for additional resources.

Materials:

Doll as a prop

Home care items: Toothbrushes, toothpaste, soap, shampoo, hairbrush, comb, hot water bag, ice packs, thermometer, alcohol, cotton, first aid supplies, flashlight, basin, salt, sugar, measuring spoons

Vaccination cards, sample Medi-Cal card, stickers, kitchen food wrap, garbage bags, newspapers

Flannel board and sandpaper-backed figures

Posterboard supplies—posterboard and colored pens

SUB-TOPIC: PUBLIC AND ENVIRONMENTAL HEALTH

GENERALIZATION: The environment in which a person lives may or may not be conductive to good health.

OBJECTIVE (1) Following instruction the health promoter would be able to list examples of various types of helping agencies that could assist him/her and the family in obtaining medical care.

EVALUATION: He/she would list three (3) types of care facilities.

Suggested Content Outline	Learning Opportunities
A. Public Health and Environmental health	1. The instructor could begin by asking student health promoters to tell about helping agencies that they have used either in the present community or in the one they left behind in their country of origin or in another locale in the U.S. or intermediate residence.
1. Health resources in your community	
a. American Indochinese Association of S.F.V.	
b. Indochinese Refugee Service Center	
c. Private doctors	2. Methods of payment for health services could be discussed by the class and the instructor. Questions and answers would be encouraged, forms shared.
(1) Medi-Cal	
(2) Self-payment	
d. Tax-supported care	3. The instructor might arrange for the class to take a field trip to different types of health facilities to familiarize the class with them, their services and location.
(1) County Hospitals	
(2) County health centers	
2. Services offered	
a. Refugee organizations	4. Locations of various helping agencies could be discussed if a field trip is not possible.
(1) Information in Indochinese languages	
(2) Assistance with food, settlement	

OBJECTIVE (2) Following instruction the health promoter would be able to list and discuss services provided by the various types of agencies.

EVALUATION: He/she would list and discuss two (2) types of services for each.

OBJECTIVE (3) Following instruction the health promoter would be able to tell about ways in which communicable disease is spread.

EVALUATION: He/she would tell about three (3) ways in which communicable disease is spread.

Suggested Content Outline	Learning Opportunities
b. Health centers	
(1) Treatment of communicable disease	
(a) Sexually transmitted (b) Tuberculosis (c) Intestinal (2) Family planning	5. Instructor and class members could discuss the significance of the various services and how they contribute toward protecting health. These could be contrasted to services in the areas that the student health promoters have left.
(3) Dental care (4) Vaccination (5) Sanitation inspection	6. Student health promoters could bring and show immunization cards and tell about various immunizations that they and their families have had.
(6) Public health nurs- and visits	
3. Communicable disease and its prevention a. Definition - disease that spreads from one person to another	7. The instructor and the class can discuss ways in which communicable disease is spread and how it can be controlled. Example: cough, sneeze.
(1) Crowding	8. Using soap, water and brushes, all could practice handwashing.
(2) Lack of hand-	

OBJECTIVE (4) Following instruction the health promoter would be able to demonstrate and tell about the correct way to wash one's hands.

EVALUATION: The demonstration would include five (5) essentials of handwashing: use of soap and water, friction, method: including between fingers, nails, rinsing, and drying.

OBJECTIVE (5) Following insruction the health promoter could tell about the treatment for communicable disease.

EVALUATION: Health promoters would mention two (2) types of medication used to treat communicable disease.

Suggested Content Outline	Learning Opportunities
washing (3) Flies b. Cause of infection (1) Bacteria (2) Viruses	9. The instructor can use the microscope and slides showing staphylococcus organisms, for example, to illustrate the size of the organisms that cause disease. Each student will have an opportunity to look at various slides.
c. Ways in which treated (1) Health Department (2) Doctors (3) Some - at home (4) Medicines (a) INH - TB (b) Antibiotics	10. Class members could be encouraged to tell about any communicable diseases that they have experienced and the treatment that they used. Use of folk methods of treatment could be explored and discussed as adjuncts to other treatments. * It should be borne in mind by the instructor that the efficacy of folk treatments could assist conventional practitioners in treatment as long as the folk remedies are not harmful.
d. Requirements for an infection (1) Person or animal not immune (2) Bacteria, virus causing the disease	11. The instructor could give examples of favorable conditions under which infection develops: show a piece of cheese and do an experiment in which the cheese would be left in a dark corner of the room from one session to another. Students and instructor could observe and comment on the cheese and how it had changed.

OBJECTIVE (6) Following instruction the health promoter could lists ways by which a healthy person can fight infection.

EVALUATION: He/she wuld list three (3) ways in which a healthy person would fight disease.

OBJECTIVE (7) Following insruction the health promoter would be able to discuss public and home sanitation for prevention of disease.

EVALUATION: He/she would list three (3) protective measures by public workers and three (3) by homemakers to maintain a sanitary environment.

Suggested Content Outline	Learning Opportunities
(3) Favorable living conditions	
(a) Warmth	
(b) Darkness	
(c) Food supply	
e. Pathway of infection	12. The instructor could have student health promoters look at flies under the microscope to see the little hairs on their feet, the means by which they can spread disease.
(1) Body of ill one (a) Stool (b) Blood (c) Mucus (d) Semen	
(2) Direct - hands	
(3) Indirect - air	
(4) Through animal or insect	
f. A healthy person is able to fight infection	13. The students can list qualities of a healthy person and healthful practices to maintain good resistance to disease.
(1) Exposure or previous recovery	
(2) Antibodies	14. The instructor could utilize a film and/or some of the listed pamphlet material on tuberculosis or other communicable disease.
(3) Immunization	

Suggested Content Outline	Learning Opportunities
4. Home sanitation a. Clean home, apartment b. Change linens c. Clean bathroom d. Use of soaps, cleaners	15. The instructor and student health promoters could build a list of taks that would contribute toward good home sanitation. Students could each make posters to display in their home or use later in teaching others.
e. Removal of pests and their attraction (1) Flies	16. The instructor can discuss the relationship of pests to an unclean home.
(2) Roaches (3) Screening of windows (4) Disposal of garbage (a) Covered cans (b) Wrapped in plastic, newspaper	17. The instructor and the student health promoters can make a simulated inspection of their homes or apartments, role playing the part of a health promotor visiting a home. If hazards are found, such as broken or missing screen window covering, the health promoter students can state what they would plan to do to remedy the problem.
5. Community sanitation a. Collection of garbage b. Maintaining clean water (1) Protection from sewage contamination (2) Adding cidal chemicals c. Rodent control program d. Inspection of homes apartments, hospitals, restaurants, schools, hotels by sanitation	18. Health promoter students and the instructor can chart a comparison of rural and city sanitation practices, noting differences in the methods and pointing out similarity in their objectives.

OBJECTIVE (8) Following instruction the health promoter can explain, in his/her own words, how to prevent contamination of food in the home.

EVALUATION: The explanation would include at least four (4) points covered in class discussion.

OBJECTIVE (9) Following insruction the health promoter can develop a personal hygiene program for him/herself and family.

EVALUATION: His/her program would list at least four (4) points that were covered in the class discussion.

Suggested Content Outline	Learning Opportunities
6. Prevention of illness through care of food a. Cover food at all times b. Avoid coughing or sneezing over food during preparation. c. Buy small quantities if no refrigerator (1) Bacteria grow in food left at room temperature (2) Refrigerator cuts down on growth if 45 degrees F or lower d. Cook food well or buy food to be eaten raw at a reputable market e. Wash chicken, don't let liquid drip onto other foods (1) Chicken and other poultry contain intestinal parasites-salmonella (2) Cooking will kill	19. The student health promoters can be divided into pairs, one serving as "health promoter," the other, "householder" who has an unsafe kitchen, with food in danger of contamination. What would the health promoter tell the unknowing cook? How could he or she help this person to protect the family from foodborne illness? Roles could then be be reversed. 20. Student health promoters could be asked to share knowledge of instances in which people became sick after eating and tell why they thought that this happend. 21. The instructor could share the contents of a pamphlet on the hazards of raw mushrooms.

Suggested Content Outline

f. buy food carefully
  (1) Don't buy bulged cans
  (2) Check food dates
  (3) Check cans when you open them
    (a) Look for rusty can
    (b) Bubbles in food may mean spoil
    (c) Smell

g. Food preparation
  (1) Wash hands
  (2) No babies, pets on preparation counter
  (3) Clean dishes, soap
  (4) Wash raw foods well
  (5) Avoid fingers, tasting and replacing spoon

7. Personal care and cleanliness
  a. Common diseases spread by poor personal care
    (1) Eggs, worms, bacteria from stool of ill to mouth of well person
    (2) Main symptom: diarrhea

Learning Opportunities

22. After listening to the presentation on the purchase and care of food in the home, the student health promoters and the instructor can engage in a simulation exercise. The instructor poses a problem in which a young couple is newly married and settling in their new location. The health promoter offers to accompany them to the market. What will he/she advise them about the safe purchase of food?

23. The instructor can have the student health promoters collect empty food containers and bring them to class. They can be inspected for dates, dents, or bulges. Students can add to a list of important items to check before buying food.

Suggested Content Outline	Learning Opportunities
(3) Best treated at health center	
(4) Wash carefully	
(a) After toilet	
(b) Childcare	
(c) Before food preparation	
(5) Dispose of baby diapers in wraps	
(6) Use of toilets	24. Student health promoters can contrast home sanitation and personal care methods in their home countries with those in their new country. Some points to get the discussion started: Products, types of bathrooms, plumbing use of toilet paper, infant diapers.
(a) Plan for whole family	
(b) Use of toilet paper	
(c) Females clean front and back	
(d) Disposal of sanitary pads	25. Student health promoters might state ways in which they would help acquaint newcomers with the different methods of care that they will find in their new country.
(e) Use seat cover public	
(7) Bathing and hair shampooing	
(a) Do both often 2-3 times week to avoid odor	
(b) Kills skin bacteria	
(c) Lessens likelihood body parasites, lice, scabies	

OBJECTIVE (10) Following instruction the health promoter will be able help people decide whether or not it is important to consult a doctor about a medical condition or whether or not self-care at home would suffice.

EVALUATION: Given eight (8) conditions in the class, mixed with other possibilities, he/she would reply that a professional should be consulted if a person has these conditions.

Suggested Content Outline	Learning Opportunities
(8) Examine for body parasites (a) Positive check for parasites--health center referral (b) No-cost care contagious diseases (9) Brushes and combs (a) Hair care daily (b) Tooth care after meals (c) Each person own tools (10) Cover coughs, sneezes (a) Teach child same (b) Prevent airborne infection	26. After a discussion of personal care, the instructor will show the student health promoters how to examine for lice and scabies. A doll could be used if class members were reluctant to examine each other. 27. The student health promoters could be divided into two groups and role play the health promoter advising the care of a child found to have head lice or nits (eggs of lice). Questions for discussion: (1) How do we know that the child has lice or nits? (2) If he/she has, where would the parent be referred for treatment? (3) What would be the difference between getting medication at the health center and buying it at the drugstore? (4) Would kerosene be a good treatment to put on the head to kill lice? (5) What may happen if we do nothing?

Suggested Content Outline	Learning Opportunities
b. Good personal care includes knowing when to see a doctor	
(1) Prolonged diarrhea child, adult	27. The instructor could ask the student health promoters what some of the given symptoms mean to them in terms of illness. Students would participate in the discussion.
(2) Cough 2 week duration	
(3) Persistent fever	The instructor could review earlier points
(4) Lumps - breast or elsewhere	
(5) Sore not healing	(1) The importance of what people may tell the health promoter about how they are feeling.
(6) Unusual bleeding	
(7) Change, wart, mole	(2) The importance of careful listening.
(8) Very tired, weight loss	(3) Using one's five senses to evaluate a situation.
c. Responsibility for good health includes diet awareness	(4) Helping the person decide whether he might handle a situation at home by informed self-care or seek professional medical care.
(1) The diet should include	
(a) Meat, fish, fowl, eggs, beans	29. The instructor could show a poster about choosing foods from the 4 food groups. The instructor and the class could write down various foods from the various countries that would fill the recommended number of servings from each.
(b) Fruit, vegetables, juices	
(c) Dairy foods	
(d) Grains, cereals, rice, noodles	30. The instructor and class could use a question-answer format to discuss dietary supplements. Questions: (1) Why takek supplements? (2) What type to take? (3) Where would they be purchased?
(2) Supplements	
(a) Vitamins	
(b) Iron	

Suggested Resources

Books:

American Red Cross. Family Health and Home Nursing. 7th ed. Garden City, N.Y.: Doubleday, 1979.

Bennett, Hal Z. The Doctor Within. New York: Signet Books, 1981.

California State Department of Education. Techniques for Preventing the Spread of Infectious Diseases. Sacramento: Bureau of Publications, 1983.

Insel, Paul and Walton T. Roth. Core Concepts in Health, 3rd ed. Palo Alto, Calif: Mayfield Publishing, 1981.

Newton, David F. Elements of Environmental Health. Columbus, Ohio: Charles F. Merrill Publishing, 1974.

Robinson, Corrine H. Fundamentals of Normal Nutrition. 3rd ed. New York: Macmillan Publishing, 1978.

Journals and Papers:

Krell, Charlene J. "Health Education Intervention." Unpublished manuscript. Spring 1984. California State University, Northridge, for The American Indochinese Association of the San Fernando Valley.

Pamphlets:

"Health Care in the United States." Orange County, California, Human Services Agency, Public Health and Medical Services, Indochinese Refugee Assistance Project, Statewide Impact Project. Available in various Indochinese languages.

"Indochinese Refugee Services Center Health Unit." Los Angeles County Department of Health Services. Available in various Indochinese languages.

"Poisonous Wild Mushrooms." Los Angeles County Department of Health Services, Indochinese Refugee Services Center Health Unit. Available in various Indochinese languages.

"Protect Yourself from Active TB." Los Angeles County Department of Health Services, Indochinese Refugee Service Center Health Unit. Available in various Indochinese languages.

"Salmonella, Shigella." Los Angeles County Department of Health Services, Indochinese Refugee Service Center Health Unit. Available in various Indochinese languages.

"The Tuberculin Skin Test: How it Works, What it Shows." Los Angeles County Department of Health Services, Indochinese Refugee Services Center Health Unit. Available in various Indochinese languages.

"Tuberculosis Cure and Prevention." Orange County, California Human Services Agency, Public Health and Medical Services, Indochinese Refugee Assistance Project, Statewide Impact Project. Available in various Indochinese languages.

Films:

Health Care in the United States. Los Angeles County Department of Health Services, Public Health Programs, 313 North Figueroa Street, Los Angeles, California 90012.

Supplemental Food Program. Women, Infants and Children Program, California State Department of Health Services. Los Angeles County Department of Health Services.

T.B. Skin Test. Los Angeles County Department of Health Services.

Materials:

Poster paper, colored pencils or pens, possibly scissors

Microscope, slides, and sampling of houseflies and roaches, possible sampling of bacteria. Tri-Ess Student Science Service, Glendale, California.

SUB-TOPIC: FIRST AID

GENERALIZATION: As a health-informed person, one needs to know what to do in the event of medical emergency.

OBJECTIVE (1) Following instruction the health promoter can demonstrate how to stop bleeding, and explain what he should be doing meanwhile.

EVALUATION: He/she would include four (4) essentials: the means by which bleeding would be stopped, how long the action would continue, the positioning of the victim, and what action would follow.

Suggested Content Outline	Learning Opportunities
A. First Aid	
1. Control Bleeding - Blood flows to all body parts through large and small tubes, veins, and arteries, pumped by heart	1. The instructor can show a chart or drawing of the body, simply illustrating the heart and blood vessels. Student health promoters can point to and identify the parts.
a. Cuts, injuries can open blood vessels	
(1) Blood leaves body rapidly, large amounts	
(2) Blood loss can be life-threatening	
b. The blood will clot if wound not too severe	2. Health promoter students will observe the instructor's procedure for stopping bleeding, then can role play, practicing on each other, using a bandage or cloth, demonstrating how to calm the person, apply pressure for from 15 minutes to an hour.
(1) Calm the person	
(2) Apply pressure right over the wound	Discuss: What should we do if bleeding continues?
(3) Have person lie down, part raised	

OBJECTIVE (2) Following instruction, the health promoter would be able to describe the types of actions that he would take if bleeding did not stop with application of pressure.

EVALUATION: He/she would include three (3) types of action to take: 1. pressure bandage, 2. pressure point compression, 3. fingers into wound to put pressure directly on the artery..

Suggested Content Outline	Learning Opportunities
(4) Continue to press up to an hour if bleeding is slowing	
c. If bleeding does not stop, further action needed (1) Raise part as high as possible (2) Stay calm, reassure injured (3) Make a pressure bandage using a tie, folded cloth and rolled cloth of sanitary napkin	3. Students can view some illustration showing how to stop bleeding in situations when it does not stop readily. They can then practice the following in pairs: 1. applying pressure dressings 2. locating and lightly using pressure points for practice 3. placement of fingers into wound to compress artery
(a) Bandage firmly over the wound	The instructor could answer questions regarding tourniquet use: it would be unlikely that a tourniquet would be used in an urban situation. It might be needed in amputation.
(b) Look for the pressure point above wound, press	4. The health promoter students could practice calling the 911 number for paramedics. Important points to stress: 1. Problem 2. Location of injured 3. Name 4. First aid given

OBJECTIVE (3) Following instruction, the health promoter can list types of substances that should never be put into a wound and will not stop bleeding.

EVALUATION: He/she will list three (3) substances that should not go into a wound.

OBJECTIVE (4) Following instruction, the health promoter can explain causes of nosebleeds, discuss how they can be prevented and how to stop them.

EVALUATION: He/she will explain three (3) causes of nosebleeds, how they can be prevented and how to step bleeding.

Suggested Content Outline	Learning Opportunities
d. Stopping bleeding is best done by only mechanical means (1) Use of chemicals, substances can be harmful	5. After listening to the discussion about ineffective measures for stopping bleeding, the student health promoters can attach cutouts to a flannel board and explain why each should not be used.
(a) Dirt can infect wound (b) Kerosene can be poison (c) Alcohol is not effective	6. The instructor could show a film illustrating some of the points on stopping bleeding. This would be followed by questions and answers.
(2) Get the injured to medical emergency aid (a) Hospital emergency facility (b) Paramedics (c) Be familiar with community resources	7. The instructor could have student health promoters make little laminated emergency cards to keep near their telephones or in wallets with emergency numbers to call. Perhaps each can make several to have on hand to give to people who may seek their help.
e. Nosebleeds can be caused by many things and are usually easily stopped (1) Some causes of nosebleeds (a) Dry weather causing dry membrane	8. The health promoter students could be divided into pairs, one being the parent, the other the child. "Parent" can explain to "child" about dangers of placing small objects in the nose, hard noseblowing playing safely.

OBJECTIVE (5) Following instruction, the health promoter can instruct someone on how to stop a nosebleed

EVALUATION: The instruction would include three (3) key points about stopping a nosebleed. It would include: positioning the person, the position of the head, and pinching the nostrils.

Suggested Content Outline	Learning Opportunities
(b) Children placing fingers, small objects in nose	
(c) Blow to nose	
(d) High blood pressure (adult)	
(2) Simple measures to prevent nosebleed	
(a) Place small amount vaseline in nostrils for lubrication	
(b) Avoid hard blowing	
(c) Encourage safety at play	
(3) How to stop nosebleed	9. The instructor can show pictures about how to control a nosebleed, then have student health promoters demonstrate in pairs what to do. What would they say to reassure the victim?
(a) Sit quietly with head erect	
(1) Do not tip head back	
(2) Tipping head causes blood to run down back of throat, nausea	
(b) Pinch nose between thumb and first finger	
(1) Most bleeding is from front	

OBJECTIVE (6) Following instruction, health promoters could explain in their own words how to treat nosebleed that did not stop after 10 minutes of pinching.

EVALUATION: The explanation would include three (3) points discussed in class: Preparation of cotton pack, insertion, and length of time that it should remain.

OBJECTIVE (7) The health promoter can suggest actions to take if one has frequent nosebleeds.

EVALUATION: He/she will suggest four (4) options to the person with frequent nosebleeds.

Suggested Content Outline	Learning Opportunities
of nose	
(2) Pinch for 10 minutes	
(c) If does not stop with pinching	10. Student health promoters could show how they would stop a nosebleed that did not respond to 10 minutes of pinching. They could do this in pairs, showing how they would prepare and place cotton in nostril, and how to remove it carefully, explaining how long they would leave it in place.
(1) Prepare a cotton pack by coating with vaseline	
(2) Pack the nostril, leaving part of cotton outside nose	
(3) Leave pack in for a few hours, gently remove, pinch 10 minutes if re-bleeds	
(4) Medical considerations in nosebleeds	11. Instructor can have the student health promoters role-play as though they were advising someone who has frequent nosebleeds. What three questions would one ask? What three recommendations would the h.p. make?
(a) Person can alter his diet	
(1) Eat more fruit Take Vitamin C	
(2) May strengthen	

OBJECTIVE (8) Following instruction, the health promoter can list and demonstrate steps that would be taken in the cleaning of wounds.

EVALUATION: He/she would list and demonstrate three (3) steps in the cleaning of wounds, as shown and discussed in class.

OBJECTIVE (9) Following instruction, the health promoter can give examples and tell why certain substances should not be put into a wound.

EVALUATION: He/she will give examples of three (3) substances that should not be placed in a wound, explaining why not.

Suggested Content Outline	Learning Opportunities
blood vessels in nose	
(b) Should seek medical opinion if has nosebleed often; i.e., daily or several per week	
(c) Older persons have blood pressure check	
(d) Frequent nosebleed can cause anemia	
(1) person pale (2) tired	
2. Wound cleanliness is important to prevent infection	12. The instructor and students will discuss wounds and wound care, followed by the health promoter students demonstrating the procedure for cleaning a wound.
(a) When skin is broken bacteria can enter	
(1) Wash hands before wound care using soap and water	
(2) Clean wound well with soap and H20 boil H20 if not sure it is clean	
(3) Remove all dirt,	

OBJECTIVE (10) Following instruction, the health promoter can discuss the indications for use and can make a butterfly bandage.

EVALUATION: He/she will discuss three (3) indications for use of the butterfly and will accurately cut one.

Suggested Content Outline	Learning Opportunities
lifting up skin flaps (b) Do not place anything in a wound - cover with a clean bandage (1) Mud can cause infection (2) Excrement can cause infection (3) Alcohol or iodine in a wound can damage skin and prolong healing	13. Health promoter students could take turns placing cutouts of substances that should not go into wounds on a flannel board and explaining why each would not help. Cross cultural wound care could be explored here, contrasting old and new ways to care for wounds.
(c) Using butterfly bandage to close large, deep cuts (1) Cut less than 12 hours old (2) Cut very clean (3) No possibility of getting medical help that day (4) Make a butterfly from adhesive tape, wider at ends, narrower in center (5) Re-wash cut (6) Close edges, bringing skin together	14. The instructor will explain that the treatment of choice for a deep cut is to get medical attention to close it. There will then be a discussion of indications for use of the butterfly when medical aid is not possible. Health promoter students will then practice cutting the butterfly bandages from adhesive tape. They then can work in pairs and apply them, explaining the procedure.

OBJECTIVE (11) The health promoter can explain the method for making one's own bandages, and can assemble a first aid kit for home use.

EVALUATION: He/she would include four (4) steps mentioned in class for the creation of bandages for home use. He would assemble a home first aid kit and explain its contents.

Suggested Content Outline	Learning Opportunities
3. Uses and preparation of bandages a. Bandages keep wound clean (1) Can be purchased or made from clean cloth	15. The instructor can display the various types of bandages that can be purchased. The students can have an opportunity to touch them and note the advantages of each.
(2) Preparation (a) Cut in strips (b) Wash cloth (c) Place in sun, dryer (d) May wrap in thick paper, bake in oven to steralize (e) Put pan of H20 on bottom of oven to insure no burning of cloth	16. Class members can make their own first aid kits for the home, making use of such cloth as old diapers and sheets to make bandages, or they can assemble purchased bandages in a shoe box. Each can tell the class what his plan for a home first aid kit includes. The instructor can check the kits and encourage certain additions.
(3) Dirty bandages can bring infections to wounds (a) moisture (b) warmth (c) bacteria	17. Recalling how the cheese in the dark corner contributed to the growth of mold, the instructor can lead a discussion on how a dirty, warm, moist bandage can be the perfect environment for bacteria to grow and cause a wound infection.

OBJECTIVE (12) Following instruction, the health promoter can demonstrate the application of bandages of various types.

EVALUATION: He/she will show how to bandage five (5) types of injuries using the appropriate bandages Head - 3 cornered, arm - sling, hand - roller, gauze, finger - bandaid, foot or leg - large roller

OBJECTIVE (13) Following instruction, the health promoter can compare an infected wound with a non-infected one.

EVALUATION: He/she will list five (5) signs of infection in an infected wound, and describe the appearance of a non-infected one.

Suggested Content Outline	Learning Opportunities
b. There are many types of bandages (1) 3 cornered has many uses (2) Roller type is secured with tape (3) Pad type comes in various sizes (4) Elastic types are for sprains (5) Bandaids of various sizes cover small wounds	18. The instructor can have the student health promoters pair and practice bandaging various types of injuries: 1. head with 3-cornered 2. arm with sling 3. hand with roller gauze (1-inch or 2-inch) 4. Finger with bandaid 5. Foot or leg with larger roller 3-inch, kerlix.
4. Everyone should be able to recognize the signs of an infected wound and to treat it properly a. Signs of infection (1) Redness around the wound (2) Heat - skin warm (3) Pain (4) Pus coming from it	19. The instructor could have a flannel board showing a wound, with various cutouts that could be added. Student health promoters could add one sign to the wound and explain what to look for.

OBJECTIVE (14) Following instruction, the health promoter will be able to demonstrate how to treat an infected wound.

EVALUATION: His/her demonstration will include three (3) main steps to take in the treatment of an infected wound. He/she will explain why each step is done.

OBJECTIVE (15) Following instruction, the health promoter will be able to determine whether there are obvious signs that an infection has spread to other parts of the body.

EVALUATION: His/her determination will include a listing of three (3) signs: fever, red line, swelling neck, groin.

Suggested Content Outline	Learning Opportunities
(5) Bad smell	
b. How to treat an infected wound (1) Wash hands before and after treating (a) Prevent spread of infection (b) Prevent contamination of wound	20. The instructor could have the student health promoters do a role playing exercise making puppets or doing a skit about a child with an infected wound, whose mother knows what to do... a second mother does not know what to do to help her child. What might the outcome be?
(2) Soak the part in very warm H20 and soap 4 times a day 20 minutes (a) Helps the body carry away the infection by circulation	21. The student health promoters could also pair and practice demonstrating the care of the infected wound, using each other as models. Preparation of the soaking solution, handwashing and elevation of the part would be practiced.
(b) Cleans wound, helps kill the bacteria (3) Keep the part elevated above heart level if possible	22. Student health promoters could have a cross-cultural sharing experience and tell about how they dealt with infected wounds in their respective countries.

OBJECTIVE (16) Following instruction, the health promoter could cite examples of types of wounds that would be likely to become infected.

EVALUATION: He/she would cite examples of there (3) types of wounds that would be likely to become infected.

Suggested Content Outline	Learning Opportunities
(c) The infection can spread to other parts of the body (1) What to look for (a) fever (b) May be a red line leading up from the wound (c) May have der swellings in neck, under arms, groin (2) What to do (a) Continue to soak wound (b) Cover with bandage (c) Get medical help - very serious	23. The instructor could show a poster describing what to look for to tell whether an infecion has spread to other parts of the body. Student health promoters would listen, then take turns indicating on the poster which areas of the body to check and what signs to look for. This could also be done in pairs, with one student the health promoter, the other the infection victim. A variation of the infection follow-up would be a role play in which someone was injured several days ago. The health promoter would tell what he would do for the injury, how to tell whether it was infected and what to do if the infection has spread to other areas of the body.
(d) Certain types of wounds are more likely to become infected and should be watched (1) Wounds made by dirty objects such as nails (2) Puncture wounds that do not bleed much	24. Student health promoters can place cut-outs on a flannel board showing the types of wounds or sources of wounds most likely to become infected. They might also roleplay a farm accident or an industrial one and the role of the health promoter. Would the H.P. recommend medical care, tetanus, injection

OBJECTIVE (17)	Following instruction, the health promoter could discuss ways to care for dirty wounds
EVALUATION:	He/she could discuss three (3) ways to care for dirty wounds as discussed in class.
OBJECTIVE (18)	Following instruction, the health promoter would be able to give examples of ways to prevent injuries.
EVALUATION:	He/she would give examples of three or more ways to prevent injuries in each of the following: home, neighborhood, work.

Suggested Content Outline	Learning Opportunities
(3) Wounds made where animals are kept (4) Large wounds	25. The instructor can discuss ways of preventing the occurrence of injuries, then have student health promoters add to the list of ways given.
(5) Bites from animals or people (6) Bullet wounds 5. Accident prevention a. Check your home	Student health promoters could role play situations such as a parent at home, showing a child how to use a sharp tool.
(1) Know where children are and what they are doing or playing with (2) Do not let small children use knives or tools without supervision. Teach correct use	Another role play situation could be doing a search of the house or apartment building looking for things that could cause injuries. Students could conduct the searches and return to class and share the list of dangers they found.
(3) Look for hazards such as broken windows and report them to landlord (4) Make temporary repair with cardboard and tape (5) Have children wear shoes	Questions: 1. What did you or will you do about the hazards that found? 2. How could you, as a health promoter, help others to locate and do something about hazards in their homes?

Suggested Content Outline	Learning Opportunities
b. Check the neighborhood (1) Tell children not to pet strange dogs (2) Keep dogs on leashes (3) Throw away dangerous trash and get neighbors to do so c. Handle tools and machines safely (1) Be careful at your workplace (2) Learn how to use a machine before trying to work it (3) Don't use a machine that is not working well (4) Have good light to see your work (5) Clean up spills (6) Report all injuries to supervisor immediately d. At home and community (1) Try not to rush--you may injure self in hurrying (2) Use safe ladder in climbing to high place (3)Be careful using	26. In a discussion, the instructor can present the various ways in which health promoter students can be careful and prevent accidents in the workplace. Class will listen, then can supply their own ideas Roleplaying possibilities: Two men are at work when one of their fellow workmen calls them to take his place on the conveyer belt while he takes a break. They have not been shown how to work with it. What should they do? The boss has told them not to replace people when they have not been shown the job. How can they prevent injuries? Two women are at work in a garment factory. The supervisor is off, and they want to try to finish early and still make as many blouses as usual. One girl urges them to hurry. What can they tell her about accidents? A couple are expecting some friends to come to their apartment for dinner. The bulb in the high ceiling burns out. The health promoter has stopped by just in time to see the husband climbing on a chair on which he has piled some boxes so that he can reach. What can the health promoter tell the husband about prevention of injuries?

OBJECTIVE (19) Following instruction, the health promoter can identify causes of shock and describe signs of shock.

EVALUATION: He/she will identify three (3) causes of shock and describe four (4) signs of shock.

Suggested Content Outline	Learning Opportunities
chemicals	
(1) Have windows open	
(2) Wear gloves	
(3) Read the label, or get help	
(4) Don't use flammable liquid to clean carpet	
6. Life-threatening emergencies	
a. Shock occurs when a person's blood pressure drops for a variety of reasons	27. The instructor can show a poster illustrating the causes of shock. The student health promoters will listen and can demonstrate their understanding by placing cut-outs showing the causes of shock on a flannelboard.
(1) Severe pain	
(2) A large burn, injury	
(3) Large amount of blood loss	
(4) Severe illness	
(5) Dehydration	
(6) Severe allergy	
b. How to tell when a person is in shock	28. Student health promoters can pair off and role play, having one partner the victim, the other the health promoter. The H.P. "examines" the victim and tells which signs of shock the victim "has."
(1) Weak, rapid pulse	
(2) Cold, clammy skin	

OBJECTIVE (20) Following instruction, the health promoter can demonstrate the correct treatment to give to a person in shock.

EVALUATION: He/she will demonstrate five (5) steps that he would take to help the person in shock.

OBJECTIVE (21) Following instruction, the health promoter could compare and contrast the care given to a conscious versus an unconscious shock victim.

EVALUATION: His/her comparison would note differences in three (3) areas: positioning, need to clear airway of possible vomitus, and that giving anything by mouth is not indicated.

Suggested Content Outline	Learning Opportunities
a. What to do for the shock victim (1) Place him in a lying position	29. The instructor can show a film about the care of shock victim, or can use a poster to illustrate the positioning and care.
(2) Have his feet higher than his head (3) Cover him if he feels cold (4) If awake, give warm drink (5) Calm and reassure	30. The student health promoters can role play, having one partner the victim, the other health promoter. The H.P. would correctly position the "victim" and show the care that he would give.
(6) Get medical help--call paramedics	31. The instructor can review with the student health promoters how to summon paramedics.
d. If shock victim is unconscious, his care is slightly different (1) Lay him on his side with head back and to one side (2) Clear mouth of vomit (3) Nothing by mouth	32. The student health promoters can talk about instances where they may have seen a person in shock and/or unconscious. They may wish to share either what they did or what they saw someone do. Questions: 1. If there were no blanket, what could one use to cover the victim?

OBJECTIVE (22) Following instruction, the health promoter can list some causes of loss of consciousness.

EVALUATION: He/she will list three (3) causes of loss of consciousness.

OBJECTIVE (23) Following instruction, the health promoter can assemble a checklist of important measures to take when encountering an unconscious person.

EVALUATION: He/she will include at least five (5) measures to take in the care of the unconscious person.

Suggested Content Outline

(4) Get medical help now!

e. Causes of loss of consciousness

(1) Drunkenness

(2) Being hit on the head

(3) Poisoning

(4) Fainting from fear

(5) Standing too long

(6) Heat

(7) Stroke, heart attack, illness

f. Points to check

(1) Is the person breathing?

(2) Is he bleeding?

(3) Is he in shock?

(4) Is he possibly suffering from heat stroke?

(5) Is he in contact with an electric wire?

Learning Opportunities

2. How would one position the person if he were very large?

3. What if the victim has false teeth?

4. Other questions that the student health promoters may raise?

Suggested Content Outline	Learning Opportunities
(6) Does he have alcohol on his breath? (7) Is he a known diabetic?	
g. What to do for the unconscious victim (1) Review positioning of victim (2) Elevate head if head injury or stroke (3) Get help fast!	33. If the instructor utilized a film to illustrate the care of an unconscious person, the points shown in the film could be reviewed. Various role playing situations can give the student health promoter opportunity to practice in a safe environment. One student health promoter can be the victim while the other is the health promoter. The health promoter tells the class what he/she would examine about the victim, and what steps he/she would take.
	34. As student health promoters demonstrate their evaluation of the unconscious person, the instructor will utilize one of the "victims" to be in contact with an electric wire. The instructor will then demonstrate how to free a victim in contact with electric current. Questions: 1. Why is it important not to touch the victim? 2. Why should one use a piece of wood rather than a piece of metal to lift the wire off? 3. What should one do if an electric wire should blow down in a storm and land on an automobile in which one is riding?

OBJECTIVE (24) Following instruction, the health promoter can describe the symptoms experienced by a choking victim and what his actions might be.

EVALUATION: He/she will describe three (3) symptoms of choking.

Suggested Content Outline

a. Choking can be life-threatening; know what to look for and do now!

   (1) What to look for

      (a) Person cannot talk, cough, breathe

      (b) May place hand to throat; universal sign of choking

      (c) May try to run to a nearby bathroom. Stop him!

      Color may pale or become blue

         i. Insufficient oxygen

         ii. Will die in 4 minutes or have damage to brain

Learning Opportunities

35. The instructor can use various means of reviewing the position of shock and head injury victims. He might draw stick figures and have the student health promoters tell why a certain position is correct or why not.

    Hints:

    1. A head-down position might contribute to bleeding in a head injury situation.

    2. Raising the legs of a shock victim would increase the bloodflow to the heart and brain

36. The instructor could have the class review the portion of a film dealing with the choke-saver maneuver

37. A poster from the American Heart Association could be utilized to demonstrate the symptoms of choking and the rescue/

38. Student health promoters can role play a scene at a table in which one of the diners chokes. Each should have the opportunity of playing the rescuer to be familiar with the role.

OBJECTIVE (24A)	Following instruction, the health promoter can demonstrate the appropriate actions taken by the helper in a choke-saving activity.
EVALUATION:	He/she will include at least three (3) appropriate actions: (1) 4 hard back blows, (2) location of the anatomical position of fist into victim's substernal area, (3) the squeezing motion around the victim's rib cage that will force air upward through the trachea to dislodge foreign body.
OBJECTIVE (25)	Following instruction, the health promoter can teach someone else what to do in event the victim of choking has become unconscious.
EVALUATION:	He/she will teach the rescue of an unconscious victim demonstrating and explaining two (2) appropriate actions: (1) turn onto side and do 4 hard back blows between shoulder blades, (2) 4 upward thrusts into the substernal area, alternating with (1).

Suggested Content Outline	Learning Opportunities
(2) What to do (a) 4 hard back blows between shoulder blades	39. Participants can do a skit in which they show how a young girl, embarrassed about choking, runs from the table into the bathroom and is found. Questions:
(b) Place your fist just below the sternum	1. What is the opinion of the student health promoters? 2. How might she be found?
(c) Stand behind victim and wrap arms around waist making a fist with your left hand, pulling it in and up suddenly and quickly 4 times	3. Basing your answer on what you know; i.e., 4 minutes until brain damage or death...What would you instruct people to do if choking at the table? The skit now changes: A young man chokes at the table and does not run away, but receives the proper help from a trained health promoter.
(d) Victim should be leaning forward	1. Is this action more helpful? Why?
(e) Repeat til air	2. What might you do if you you are eating in a public

OBJECTIVE (26) Following instruction, the health promoter will recall the importance of respiration to the survival of an individual and be able to explain.

EVALUATION: He/she will explain that cells need oxygen to live (1) brain cells are especially sensitive, (2) that a person may die or suffer brain damage within 4 minutes.

OBJECTIVE (27) Following instruction, the health promoter will be able to list causes of cessation of breathing.

EVALUATION: He/she will list four (4) causes of cessation of breathing as discussed in class.

Suggested Content Outline	Learning Opportunities
forces out the object/food	place and see someone run from the table?
(3) Preventing choking	40. The instructor will carefully present and review the material on choking. Student health promoters can make posters illustrating prevention of choking to hang in their homes.
(a) Cut up food, especially meat for children	
(b) Do not allow children to run with candy or lollipops	
(c) Use care in laughter and talking when eating	
(d) Be careful about drinking alcohol—dulls gag reflex	
(e) Never run from the table if choking—let someone know	
(4) Causes of cessation of breathing	

OBJECTIVE (28) Following instruction, the health promoter can demonstrate ways to identify whether a person is breathing.

EVALUATION: He/she will include in the demonstration three (3) ways to determine whether a person is breathing: (1) rise and fall of the chest, (2) air coming from mouth or nose if put cheek to feel or ear to hear it, (3) color of skin, inside of mouth.

Suggested Content Outline	Learning Opportunities
(a) Drowning	42. The instructor, after a careful discussion on the cessation of breathing, could show a film as appropriate, "The Breath of Life."
(b) Choking	
(c) Being unconscious—having mucus, tongue, false teeth vomit block throat	Question:
	1. What would you look for to see whether a person were breathing?
(d) Blow to head, chest	
(e) Heart attack	2. If he were not, what color might his skin become?
(5) What to look for to determine if not breathing	3. What would be the danger to him if he does not breathe within 4 minutes?
(a) No movement of chest up and down as in normal breathing	4. What actions would you take? How quickly?
	43. Pairs of students can role play, showing what they would look for in a victim who may have stopped breathing.
(b) No air coming from mouth or nose as you put cheek to feel it or ear to hear it	
(c) Color of skin especially face, blue-gray or blue	

OBJECTIVE (29) Following instruction, the health promoter can show others how to do mouth-to-mouth breathing, for a victim who has stopped breathing. He/she will then evaluate the effectiveness of the action.

EVALUATION: The health promoter will observe three (3) techniques: (1) position the victim correctly, (2) tell how to close his nostrils, three (3) tell how to blow into his mouth, keeping a tight seal. The evaluation of his correct technique will be whether the chest rose.

OBJECTIVE (30) Following instruction, the health promoter can compare the difference between choke-saving techniques for an adult and those for a small child.

EVALUATION: The main differences compared will include: (1) positioning of the victim, (2) mouth breathing difference, and (3) rate of puffs/minute.

Suggested Content Outline	Learning Opportunities
(6) What to do if not breathing (a) Turn on back (b) Pull head back, chin up (c) Tightly pinch nostrils closed (d) Cover his mouth with yours (e) Blow strongly into his lungs so chest rises (f) Do this 15 times/minute (g) Get medical help while continue breathing	44. Ideally, class members could practice resuscitations on mannequins. If this is not an available option, they can practice with a partner, telling what they would do as they correctly position the partner. The emphasis should be on the sequence of important actions to take if a mechanism is not available for the student health promoters to practice the actual blowing, breathing and observation of the chest filling with air.

Suggested Content Outline	Learning Opportunities
(7) Choke saving and stopped breathing in a baby or small child (a) Turn baby upside down and strike 4 times on back between shoulders (b) Upside down or position head down over lap of adult usually removes obstruction.	45. After carefully explaining choke saving and stopped breathing in infants, the instructor will encourage the student health promoters to practice. A doll is a useful learning tool. If a specially-made resuscitation baby is not available, an ordinary doll can be supplied. The face would be cleansed between student uses with alcohol wipes following the mouth-to-mouth breathing.
(c) Techniques differ in a small child i. Cover the child's mouth and nose with your mouth ii. Give gentle puffs of air iii. Rate 25/min (d) The 4-minute death or brain damage danger i. Still so infant/child ii. Choking is important as cause of infant death	46. The student health promoters can share experiences that they have undergone or observed in which a child or infant was choking. The instructor can lead the discussion. If no one volunteers, the instructor can introduce a situation. The young mother had placed her baby, aged one year, in a highchair with a rice cookie in his hand. She looks at the baby and sees that he seems to be blue in color and not not crying. (1) What should she do? (2) What might happen? (3) How long can she wait? (4) Should she run for the health promoter in the next apartment?

OBJECTIVE (31) Following instruction, the health promoter can name important substances that are lost from the body when exposed to heat. He can explain through what mechanism they are lost, and how to make a simple replacement fluid that can be given.

EVALUATION: He/she will name two important substances lost from the body through the mechanism of sweating, and explain how to prepare a solution of 1 tsp. salt/1 cup of water.

Suggested Content Outline	Learning Opportunities
(7) A hot day in the sun can cause a person to lose body fluids and salt	47. The instructor can show a poster illustrating the symptoms of the 3 conditions that can occur when a person is exposed to hot sun.
(a) Heat cramps i. Cramps in stomach, arms, legs	A film or portion of a film showing the symptoms of heat cramps, heat exhaustion and heat stroke can be reviewed.
ii. Get him to shade	48. The instructor and class can discuss the 3 conditions and the differences in symptoms.
iii. Treat: drink a teaspoon of salt in one cup of clean or boiled water	The student health promoters can pair and each of three pairs can show how to treat one of the heat-related emergencies.
(b) Heat Exhaustion i. Symptoms . Pale skin . Weakness . Faintness . Skin cool . Pulse rapid . Sweating ii. Treatment . Have person lie down in shade . Remove clothing . Raise legs	Skit: I found this neighbor working in his vegetable garden. He told me that he did not feel very well. I touched him and his skin was cold and wet. I felt his wrist and his pulse was fast and weak. I helped him into the shade and propped up his feet on the low wall. I gave him a drink of salt water that my wife made. (1) Did the health promoter do the correct thing for heat

Suggested Content Outline	Learning Opportunities
in shock position . Give cool salt water (c) Heat stroke i. Who affected . alcoholics . old people ii. Symptoms . Skin hot, dry, red . High fever . May be unconscious iii. Treatment . Move to shade . Remove clothing . Sponge body-cool water . Fan him, circulate air	stroke? (2) What may happen next? 49. In a class discussion, the student health promoters can add to a list of points to help answer the following: How can we prevent heat emergencies? How can we tell that a person likely has a heat-related problem.

OBJECTIVE (32) Following instruction, the health promoter can analyze an injury and decide whether there is a likelihood of a broken bone.

EVALUATION: He/she would include in the analysis three things to look for to help decide if a person has a broken bone.

OBJECTIVE (33) Following instruction, the health promoter can show how to make splints from ordinary household items and how to apply them to a person with a possible broken bone.

EVALUATION: The splint would support the part without allowing movement.

Suggested Content Outline	Learning Opportunities
7. Broken bones should be splinted and medical help given a. What to look for in a broken bone (1) The body part may have changed shape (a) Compare it with same part other side (b) Does it look unusual?	50. The instructor can show a poster or have a copy of a picture or drawing to illustrate how a broken bone may appear. The instructor will discuss the probable signs of a broken bone and student health promoters can add to the discussion, sharing their experiences involving broken bones that they may have had or observed and the type of care that was given to the injured.
(2) The body part may be wobbly if the victim tries to stand or use part (3) There is usually pain (4) There is usually swelling (5) There may be a piece of jagged bone pushing out through the skin	51. Some issues that can be discussed in class: (1) What may happen if the broken bone ends are not brought back together? (2) How soon must a broken bone receive care? (3) What is a special danger in the case of a compound fracture--or when the bone is pushing out through the skin? (4) Why would ice be helpful?

OBJECTIVE (34) Following instruction, the health promoter can assist with moving someone who has a broken bone including those in the neck or back.

EVALUATION: He/she will consider four (4) of the five (5) important points as discussed in class and can demonstrate ways of safely moving the injured person.

Suggested Content Outline	Learning Opportunities
b. What to do for a broken bone (1) Make a splint of something straight that will not bend (2) Tie it around the injured part and do not allow the part to move	52. Following the discussion of what to look for in a broken bone, the instructor will demonstrate splinting, showing how to use ordinary household items such as folded newspaper, magazines and strips of cloth or a belt to hold the splint until the person can get to a doctor.
(3) Get the person to medical help (4) Often only an x-ray can prove that the bone is broken and to what extent out of place (5) May put ice on the part with possible broken bone to help lessen swelling while person is being taken for care.	53. Student health promoters can pair off to practice splinting different parts of the body with various household items to be used as a temporary first-aid measure until the person can be taken for medical care.
c. Moving a person with a possible broken bone (1) If an arm, he can walk and should have it in a sling (3-corner bandage)	54. The instructor should very carefully explain points to consider in moving a person with a possible fracture, especially that of neck of back. Refer to drawings in various resources for assistance.

OBJECTIVE (35) Following instruction, the health promoter can compare the difference between a sprain and a fracture.

EVALUATION: He/she will mention that the difference is that in a fracture, there is injury to the bone; and in a sprain there is injury to soft tissues of the part.

Suggested Content Outline

(2) Other parts-neck leg, back

- (a) Do not walk
- (b) Move him with care or not at all. Call paramedics.
- (c) In a broken neck or back, moving person could cause him to be paralyzed from injury to the spinal cord - may last lifetime
- (d) Questions to ask decide neck or back injury is likely
  - i. Can you squeeze my hand?
  - ii. Pinch leg or toe: "Can you feel this?
- (e) If must move victim, have several people help and put on a flat surface all at once keeping body straight

Learning Opportunities

55. Discussion of moving victims with neck or back injuries can address the following questions:
    - (1) Is the person in danger so that he must be moved immediately? (fire)
    - (2) Do we have the proper means to be certain that his neck or back remains straight?
    - (3) Do we have enough help to move him safely?
    - (4) Can we leave him as he is, reassure him, and summon medical help?
56. The instructor can have the class work in small groups to practice multiple-man carry techniques.

OBJECTIVE (36) Following instruction, the health promoter can tell how to treat a sprain.

EVALUATION: His/her explanation would list three (3) methods of treatment for a sprain as discussed in class.

Suggested Content Outline

d. Sprains are injuries to soft tissues and can look like broken bone injuries

  (1) Sprains, like fractures, should be kept from moving

    (a) Wrap the part with elastic bandage

    (b) May use strips of old pieces of cloth

  (2) Relief of pain and swelling

    (a) Soak the part in cold H20 first 24 hours

    (b) Use warm water or alternate warm and cold after 24 hours

    (c) Pain reliever such as aspirin may be suggested if not allergic

Learning Opportunities

57. The instructor can show some examples of x-rays of broken bones and also some of injuries that were severe sprains. The student health promoters and their instructor can discuss the differences.

Questions:

(1) Can we treat this injury at home if no fracture seems to be involved?

(2) Is it improving with homecare?

(3) Do we have a choice to care for this at home or to seek care?

58. The student health promoters can work in pairs, one playing the role of the health promoter, the other the victim. Ways of treating sprains can be practiced.

OBJECTIVE (37) Following instruction, the health promoter can describe indications for persons with abdominal pain to be taken immediately for medical care.

EVALUATION: His/her description would include three (3) types of situations in which medical care for abdominal pain would be indicated.

OBJECTIVE (38) Following instruction, the health promoter can compare the "acute abdomen" or serious abdominal pain with that accompanying flu or diarrhea.

EVALUATION: His/her comparison would list five (5) differences between acute and non-acute abdominal pain.

Suggested Content Outline	Learning Opportunities
8. Abdominal pain can be serious a. Review the section on diarrhea and vomiting b. Immediate medical care needed (1) Continuous pain, getting worse (2) If one puts ear to the abdomen, it is silent without normal sounds (3) Constipation and vomiting (4) Abdomen swollen, hard—person finds it hard to walk (5) Person is very sick (6) May have vomiting that is forceful, looks or smells like excrement	59. Following the discussion on abdominal pain, the instructor and student health promoters can engage in a role playing situation in which the students are paired, one being a parent or health promoter, the other being a client or a child. The parent or health promoter shows the group how he evaluated the client or child's condition and whether the person can likely be cared for at home or whether medical care should be sought. 60. Questions and skills (1) What does the health promoter need to ask the sick person? (2) How can one listen for the normal intestinal sounds (3) How might the person who had a severe abdominal pain look? (4) How would vomitus be different if it looked like excrement?

OBJECTIVE (39) Following instruction, the health promoter can list and describe various types of burns.

EVALUATION: His/her description would include three (3) major types of burns and the distinguishing feature of each: first degree, reddening of skin; second degree, blistering; third degree, charring of the skin.

Suggested Content Outline	Learning Opportunities
c. Abdominal pain that can probably be cared for at home	61. Health promoter students who were the "parents" or the health promoters, would tell about how they might care for the sick person at home.
(1) Pain comes and goes	
(2) There is diarrhea	
(3) May have signs of a cold or flu, sore throat	
(4) Has had something like this before	
(5) He is not very ill, is able to walk, does not have hard swollen abdomen	
(6) Put ear to abdomen and hear normal sounds	
9. Burns can be painful and actually life-threatening	62. The instructor can illustrate the discussion of the various types of burns by showing a poster, photograph or drawing.
a. Three types of burns	
(1) First degree	
(a) Redness	
(b) No break in skin	

OBJECTIVE (40) Following instruction, the health promoter can list appropriate types of treatment for each type of burn.

EVALUATION: His/her list would include two (2) types of treatment appropriate for each type of burn.

Suggested Content Outline	Learning Opportunities
(c) example: sunburn	
(2) Second degree	
(a) Blisters	63. The instructor can give the student health promoters various situations involving burns and have the students tell which type of burn would likely result. Example: Bong Lee and his friends stayed at the beach all day. Which type of burn might he have?
(b) Example: hot water burn	
(3) Third degree	
(a) Charring of skin (blackening)	
(b) Very serious possibility of infection	
(c) Destruction and disability of the part	
b. Treatment of burns	64. The instructor might review the various types of burns then continue, describing their appropriate home care.
(1) Never put on:	
(a) toothpaste	65. Student health promoters can make posters of their own illustrating what to do for each type of burn. They can hang these in their kitchens as reminders.
(b) butter	
(c) excrement	
(d) grease	
(e) coffee	
(f) herbs from garden	

Suggested Content Outline	Learning Opportunities
(2) Do treat this way: (a) For first degree i. Soak in ice H20 ii. Aspirin for pain, sunburn cream (b) For second degree i. Don't break blisters ii. Apply sterile dressing non-stick type iii. Sterilize vaseline and place on bandage if don't buy non-stick (c) For third degree i. Cover only loosely sterile dressing ii. Change often iii. Get medical care	66. The instructor and the student health promoters can review the section on bandages at this time, answering some questions: (1) What type of bandage would be best to use on a burn? (2) Do I have bandages in my home to be used as needed? (3) Why is it important that a bandage applied to a burn be of the non-stick type? (4) Why do burns need to be covered?

OBJECTIVE (41) Following instruction, the health promoter can demonstrate what complication to look for in a severely burned person and tell why the person might have this.

EVALUATION: He or she will demonstrate three (3) signs of shock and tell why shock is often seen in severe burns.

OBJECTIVE (42) Following instruction the health promoter can teach another person how to make a fluid replacement drink, which is useful in burn treatment and in situations in which a person loses body fluid.

EVALUATION: He or she will assemble the five (5) ingredients for the replacement drink or list them and tell how to mix them.

Suggested Content Outline	Learning Opportunities
(3) Burn complications and what to do (a) Severely burned person can go into shock caused by: i. Pain ii. Fear iii. Body fluid loss (b) Look for signs of shock (c) Place in shock position (d) Call for medical help now! (e) Prepare and give fluid replacement	67. After listening to the instructor's careful explanation of the complications of severe burns, the student health promoters can pair off, having one as victim, the other as health promoter or rescuer. The rescuer can tell what he or she would watch for and what he would do for a severely burned person. 68. The health promoters can tell about their experiences with burns and how burns are treated in their countries of origin--both at home and by professionals. 69. Members of the class can volunteer to contribute to a list of the signs of shock as a review of that material recently covered. 70. The instructor can help the student health promoters review shock positioning in a variety of ways. Puppets could be used, stick figures, role play, or descriptive review.

OBJECTIVE (43) Following instruction, the health promoter can discuss ways of protecting small children from burns.

EVALUATION: He/she will discuss three (3) ways to protect small children from burns as discussed in class.

Suggested Content Outline	Learning Opportunities
drink i. 1 quart H20 ii. 1/2 tsp. salt iii. 1/2 tsp soda bicarb. iv. 2-3 tbsp. honey v. Orange or lemon juice (f) Drink often be sure victim is urinating	71. The instructor can have ingredients ready and have the participants make and taste the fluid replacement drink. They can make "recipe cards" for the drink and take them home.
(4) Look for signs of infection in burned person (a) Local signs (b) Signs of spread to other parts (5) Prevention of burns is better than the best treatment (a) Take special care with children	72. The instructor can have the student health promoters role play evaluation of a person with a burn. Example: Vu Lee is my neighbor and he came to show me his child's arm. She burned it in the kitchen last week. He is worried. (1) How does the burn look? (2) Are there signs of infection? (3) What are they? (4) How does the child look?

OBJECTIVE (44) Following instruction, the health promoter can develop a safety program for himself and others to follow at home to prevent burns.

EVALUATION: His/her program would include at least four (4) at-home safety activities to prevent burns.

Suggested Content Outline	Learning Opportunities
i. Lamps and matches out of reach	(5) Should Vu Lee seek medimedical help or can he continue to care for the child at home?
ii. Turn pot handles inward on stove	(6) What should he do to care for the burn at home?
iii. Be careful with hot drink such as coffee	(7) Recalling the discussion of medical care in the community, where could he seek medical help for the child?
iv. Don't leave children alone at home	73. Student health promoters, after listening to the instructor's presentation on burn prevention, can put on a skit, using puppets made from paper bags, for example, one the parent, the other the child. They can dramatize some of the suggested ways of preventing burns. They might dramatize a special holiday, such as the American Halloween at which time the child wants to dress in costume. What are some additional ways that they can think of to prevent burn dangers?
(b) Fire prevention is lifesaving	
i. Use care with smoking materials	
ii. Use flammable liquids wisely	
iii. Use good kitchen precaution	74. Student health promoters can develop their own posters for home use about preventing burns through fire prevention.
	Questions:
	(1) How would one smoke safely if he must smoke?

OBJECTIVE (45) Following instruction, the health promoter can identify items that might pose fire danger at home.

EVALUATION: His or her identification would include at least three (3) items that might pose fire danger at home.

OBJECTIVE (46) Following instruction, the health promoter can assemble a family evacuation plan, showing important considerations in case of fire.

EVALUATION: His/her plan would include at least six (6) important things to consider in evacuation of a family in event of fire or any emergency.

Suggested Content Outline	Learning Opportunities
iv. Check home and garage for fire hazards	(2) Where should he not smoke?
. old rags	(3) What might be better cleaners for the carpet than kerosene or gasoline?
. newspaper	(4) How should one with long hair wear it when cooking?
. paint materials	(5) What type of clothing might be safest to wear while cooking?
. hallways of buildings	(6) When cooking, can one safely leave the kitchen; when yes, when no?
(c) Have family fire plan	(7) How should paints, rags, and newspapers be stored if at all?
i. Know how to get out of building in fire	(8) What possible fire hazards might one find in and around an apartment building or home?
ii. Check the exits	
iii. Plan a meeting place outside after emergency escape	75. Student health promoters can go home and practice a family escape drill, then return and discuss what problems they had and what they learned by doing this activity. The instructor should stress

Suggested Content Outline	Learning Opportunities
iv. In fire, touch a closed door first; if hot, don't open v. Stay close to floor vi. Cover mouth and nose with wet cloth to help breathe as evacuate vii. Account for all family members viii. Don't try to save belongings	the importance of doing this activity each time the family changes residence. 76. Questions to answer: (1) Does the building where I live have different routes of escape? (2) Where would I meet my family outside, and why is it important to have a meeting place? (3) Why is it important to touch a door first to see whether it is hot before opening? If it were hot, what would I do? (4) What should be the most important to save in case of fire? (5) Why are covering mouth and nose and staying close to the floor important? 77. The instructor could enlist an outside speaker such as a fire brigade, to present fire safety issues.

OBJECTIVE (47) Following instruction, health promoters can discuss reasons why small children are often victims of poisons in the home.

EVALUATION: His/her discussion would include at least three (3) reasons why small children are often poison victims in the home.

OBJECTIVE (48) Following instruction, health promoters can compile a list of poisons frequently found in the home.

EVALUATION: His/her list would include at least six (6) common poisons in the home.

Suggested Content Outline	Learning Opportunities
10. Poisoning often occurs in the home a. Small children are often victims (1) Keep any cleaning soaps, polish, medicines, mother's purse, out of reach (2) Children will often eat something or drink it if: (a) It is in a container that looks like a glass or soda bottle (b) It is a pretty color or looks like candy (c) Small children do not seem to mind bad taste	78. The instructor can refer to some of the resources to gather ideas for a presentation on home poisonings. Guest speaker from poison control might be utilized if he were informed on the possibility of limits in English comprehension. 79. Following the discussion, student health promoters would be invited to share their experiences that they or someone they know have had involving poisonings in the home. 80. This subject lends itself well to a role playing experience in which puppets or other illustrations could be used in a skit with one mother or father who is careless with poisons in the home and another mother or father who is careful and protect his/her child. Cast: two parents, two children. Questions: (1) What may happen to child who eats/drinks the poison? (2) What might the careless parent have done to prevent this?

OBJECTIVE (49) Following instruction, the health promoter can explain ways to get a person to vomit in case poisoning?

EVALUATION: His/her explanation will include: materials needed to induce vomiting, and three (3) ways to produce the desired effect.

Suggested Content Outline	Learning Opportunities
(d) The child sees others take medicine, alcohol	(3) What should he/she do if the child has taken poison?
b. Watch for common poisons	(4) How might he know that this poison has been taken by the child?
(1) Rat poisons	81. Student health promoters might discuss ways that they could store and use poisons safely if at all in their homes.
(2) Insecticides	
(3) Medicine-Iron pills, aspirin, vitamins	82. Student health promoters could make posters to hang in their homes illustrating common poisons found at home, how to store them and where to get emergency help if someone accidentally poisoned.
(4) Tincture iodine	
(5) Bleach and detergents	
(6) Cigarettes	
(7) Kerosine, gas, paint thinner	
(8) Poison plants	
(9) Matches	
(10) Lye	
(11) Dishwasher detergent (U.S.)	
c. What to do in poisoning: Immediately!	83. The instructor can discuss the importance of getting a poison victim to vomit. Student health promoters could then role play assembling items needed to help induce vomiting.
(1) If poison, not kerosene, gas or lye	

OBJECTIVE (50) Following instruction, the health promoter can teach someone how to get a poison victim to vomit and when not to do so.

EVALUATION: His/her lesson would include three (3) methods of inducing vomiting, when not to use them, and materials needed.

Suggested Content Outline

- (a) Make child vomit by putting finger in back of throat, drink water with salt
- (b) Make the child drink milk, beaten egg, flour, and keep vomiting until clear
- (c) In question, get to medical help

(2) If drank lye, get to medical help immediately!

- (a) May burn
- (b) Cause serious mouth, throat esophagus and stomach burns

(3) If drank oily substance, no vomit

- (a) May inhale
- (b) Lung damage

Learning Opportunities

84. The student health promoters and instructor can answer various questions together:

- (1) What are the three ways that we induce vomiting?
- (2) If we are not sure what the child took or its nature, we would....
- (3) If we have the container of the poison and we are going for medical help, we would......?
- (4) Why is it important not to induce vomiting if the poison was lye? In what substances do we find lye at home?
- (5) What may happen if we induce vomiting and the substance was oily such as funiture polish, gasoline? Hint: lungs.

OBJECTIVE (51) Following instruction, the health promoter can explain the appropriate actions to take in case of snakebite of the type with two fang marks.

EVALUATION: His/her explanation would include three (3) actions to take as discussed in class.

Suggested Content Outline	Learning Opportunities
11. Snake, scorpion, and other poisonous venom-bearing bites can occur both in city and rural areas.	85. The instructor can discuss emergency procedures involving snakebite, comparing the differences between poisonous and non-poisonous snakes and their bites.
a. Poisonous types of snakes in U.S. (1) Rattlesnakes (2) Copperheads (3) Moccasins	86. The instructor can show pictures or drawings of poisonous snakes so that class members can identify them.
(4) Coral snakes b. What to do if bitten (1) Have person stay quiet	87. Student health promoters can role play, having one partner the victim, the other the health promoter. The H.P. would demonstrate what he would do for the victim.
(2) Don't move the bitten part (3) Carry if must move victim (4) Tie cloth around part, often hand arm, foot or leg, above the wound	Important questions: (1) How does one keep the victim calm? (2) Can he be transported to medical help? (3) If I try to remove the venom from the wound, do I have a snakebite kit?
(5) Get to medical help immediately! c. If no medical help (1) Sterilize knife in flame (2) Make one cut into each fang mark	(4) Do I have any sores in my mouth or on my lips if I decide to suck the venom from the wound? (5) How tightly shall I apply the constricting band? (6) How deeply shall I cut?

Suggested Content Outline	Learning Opportunities
(3) 1 cm long, 1/2 inch deep	(7) Is there anything that I can do to minimize the spread of venom through the body?
(4) Suck and spit out venom for 15 minutes	
(5) If have a sore in mouth, get someone else to do it	
(6) Put ice on the part if possible	
(7) Do not make cut if bite more than 1/2 hour old	
(8) Anti-venom should be given within 3 hours	
d. Signs and symptoms of snakebite	88. Again, the student health promoters can review the care of a person in shock, and of one who may stop breathing.
(1) Victim's report	
(2) Fang marks	89. Student health promoters can role play getting ready for an excursion into the bush and answer the following: (Recall that there are snakes in cities where there are hills or open areas.)
(3) Nausea and vomiting	
(4) Respiratory distress	
(5) Shock	
e. Prevention of snakebite	(1) When and where might I be likely to find snakes?
(1) Use care in places where snakes might be	(2) What type of clothing would best protect me if I expect to be in an area where there are likely to be snakes?
(2) Stay on paths	
(3) Don't pick up or play with snakes	(3) Would a snake captured in the wild be a good pet for my son?

OBJECTIVE (52) Following instruction, the health promoter can give examples of venomous creatures other than snakes and discuss the treatment of their bites/stings.

EVALUATION: His/her examples will include names of three (3) venomous creatures other than snakes and he/she can discuss an example of treatment for bites/stings of each.

Suggested Content Outline	Learning Opportunities
f. Most folk remedies do not help in snakebite (1) Do not give alcohol (2) Do not bite the snake, etc. g. If you cut off the snake's head, do not put it in your pocket (1) Fangs can pierce you and give you a dose of venom (2) You can be a victim after snake dies	90. The instructor can ask the student health promoters to share their experiences with snakebite, discuss the killing of the snake and folk remedies for snakebite. Questions: (1) If I am unable, for whatever reason, to kill the snake, can I describe it? (2) Why might a doctor need to know the type of snake? (3) Why should the victim not be given alcohol?
h. Try to kill and bring snake to hospital for identification i. Scorpion sting (1) Treat for shock (2) Give mouth-to-mouth technique if stops breathing—likely in small child (3) Aspirin for pain (4) Get medical help immediately! (5) Apply ice to sting if available.	91. The instructor can show a poster or pictures illustrating other venomous creatures. 92. The student health promoters can role play as helper and victim or parent of victim. The helper can show what he/she would do for: victim of scorpion bite, spider bite, bee sting. Questions: (1) Why are these bites sometimes life-threatening? (2) Why more threat to child?

Suggested Content Outline	Learning Opportunities
j. Spider bites (1) Most not dangerous (2) Get medical help if seems sick (3) Treat for shock or respiratory difficulty (4) Watch for destruction of skin around the bite (a) Certain spider's venom destroys the tissue (b) Get medical care for above	
k. Bee stings (1) Not dangerous unless allergic (2) Will likely see painful, red, swollen local area (3) Apply ice	
(4) Get medical care after immediate first aid for shock, breathing difficulty	93. The student health promoters can add to a list of ways to prevent the stings of venomous creatures. Questions:
l. Prevention (1) Do not swat at or aggravate bees (2) Avoid reaching under old logs or piled wood where may nest.	(1) Where might the creatures normally be found? (2) How might people avoid them? (3) Do these creatures normally chase and sting/bite people?

Suggested Resources

Books:

American Red Cross. Family Health and Home Nursing. 7th ed. Garden City, N.Y.: Doubleday, 1979.

Grant, Harvey and Robert Murray. Emergency Care. Bowie, Maryland: Robert J. Brady Company. 1977.

Los Angeles County Department of Health Services: Indochinese Refugee Services Center. Indochinese Refugee Services Center Health Unity Medical Personnel List and Health Service Providers for Asian Community. 1984-1985.

Wagner, Christa and Janet Rullo. Trans. 2nd ed. Medical Guide and Glossary by Tan, Nady (Cambodian), Souvanlasy, Khamking, Van-si Chareundi, Vanhlang Khamsouk, and Vang Sing (Laotian) Nguyen, Thach and Vu Loc (Vietnamese). Portland, Oregon: Indochinese Language Resources Center, Indochinese Cultural and Services Center, 1980.

Werner, David. Where There Is No Doctor. 7th Rev. Ed. Palo Alto: Hesperian Foundation, 1977.

Werner, David and Bill Bower. Helping Health Workers Learn. Palo Alto: Hesperian Foundation, 1982.

Journals and Papers:

Campos, Romana and Charlene Krell. "Refugee Health Care and Health Promoter Training in an Urban Setting." Unpublished paper, California State University, Northridge, for La Clinica Msr. Romero, Los Angeles. 1983.

Gutierrez, Maritza. On Our Way to Good Health: Activities and Games Manual. Unpublished manuscript. Los Angeles County Department of Health Services H. Claude Hudson Comprehensive Health Center, Health Promotion/Disease Prevention Project, 1983.

Films: *

Breath of Life, Pyramid Films, Box 1048, Santa Monica, California 90406.

Burn Emergencies, The American Red Cross, 14717 Sherman Way, Van Nuys, California 91411.

Multimedia Film, The American Red Cross, 14717 Sherman Way, Van Nuys, California 91411.

Poisons, The American Red Cross, 14717 Sherman Way, Van Nuys, California 91411.

Pressure Points, The American Red Cross, 14717 Sherman Way, Van Nuys, California 91411.

* Utilization of film may or may not depend upon the degree of fluency in English. Something will, no doubt, be gained from the visualization of the actions involved.

Medical Resources:

Childrens Hospital, 4650 W. Sunset Blvd., Los Angeles, California 90027. Telphone: (213) 660-2450.

Los Angeles County Department of Health Services, H. Claude Hudson Comprehensive Health Center, 2829 S. Grand Ave., Los Angeles, California 90003. Telephone (213) 235-7409.

Los Angeles County Department of Health Services, Hubert H. Humphrey Comprehensive Health Center, 5850 S. Main St., Los Angeles, California 90007. Telephone (213) 744-3601.

Los Angeles County Department of Health Services, Health Line Bilingual staff. Telephone (213) 250-8055.

Los Angeles County Department of Health Services, Hollywood Wilshire Health Center, 205 Melrose Ave., Los Angeles, California 90038. Telephone (213) 871-4384.

Los Angeles County Department of Health Services, Indochinese Refugee Services Center. Health Unit, 524 North Spring St. Los Angeles, California 90012. Telephone (213) 974-7314.

Los Angeles County Fire Department Paramedics. San Fernando Telephone (818) 785-2151, or 911.

Los Angeles County Medical Association, Poison Control Center, Los Angeles, California. Telephone (213) 484-5151.

Los Angeles County-Olive View Midvalley Medical Center, 7433 Van Nuys Blvd. Van Nuys, California 91405. Telephone (818) 901-3271.

Los Angeles County-USC Medical Center, 1200 North State St., Los Angeles, California 90033. Telephone (213) 226-5434.

Los Angeles County Department of Health Services, Van Nuys Health Center, 14340 Sylvan St., Van Nuys, California 91401. Telephone (818) 901-3903.

Materials and Supplies:

Bandages or strips of cloth with which to make them

Chalk Board and chalk

Clear contact paper for lamination of emergency and recipe cards

Doll or mannequin on which to practice choke saving techniques

Flannel Board

Newspapers, old magazines, or cardboard to make splints

Pocket or camping knife, matches

Posters and drawings as indicated

Poster materials-heavy paper, white, colored pens, pencils, paper

Scissors

Shoe boxes and red and white contact paper for first aid kits

Snake bite kit

SUB-TOPIC: CHILD CARE-HEALTHY CHILDREN, EVERYONE'S CONCERN

GENERALIZATION: Prevention of illness is much better than having to care for a sick or injured child.

OBJECTIVE (1) Following instruction, the health promoter can list and discuss major ways that a parent can protect the health of his/her child.

EVALUATION: The discussion will include at least three (3) major ways in which the health of a child can be protected.

OBJECTIVE (2) Following instruction the health promoter can show how he/she might assess whether or not a child were in good health.

EVALUATION: He/she would show that it would be important to use four of one's five (5) senses: looking at the child, listening to the child, smelling the child, and touching him or her.

Suggested Content Outline

C. Child Care-Healthy Children Everyone's Concern

1. CHDP (Child Health and Disability Prevention Program) and well baby examinations are important to the health of children.
    a. Private doctor and Medi-Cal sticker payment
    b. Department of Health Services (county) small fee or free
    c. When to get examinations for your child
        (1) Register newborn with doctor or health department at birth--go for monthly visits

Learning Opportunities

1. The instructor can have the student health promoters share their ideas of what constitutes good health in a child and build on that basis.

2. The instructor can show a film on the childhood examination followed by interpretation and discussion.

    Questions:

    (1) Noting that the doctor uses his/her 4 of 5 senses in examining a child, how would you identify a child who might not be well?

    (2) Why is it important to weigh and measure a child?

    (3) Who can do this?

    (4) Does the mother seem to be making an effort to care for her child properly? Why not?

OBJECTIVE (3) Following instruction, the health promoter can advise a parent when is the best time to seek preventive medical care for his/her child.

EVALUATION: The advice given would include three (3) appropriate points in the child's life at which he should have a complete examination.

Suggested Content Outline

        (2) Before child begins school--kindergarten entry or before begins first grade

    d. Early discovery of problems can help the parent and/or doctor eliminate them if possible

2. Protect your child while riding in a car or in/on any conveyance
    - a. California law says that a child below 40 pounds in weight must use a car seat--birth-4 years old
        - (1) Auto accidents are leading cause of death of children over 1 year age U.S.
        - (2) Older child must wear seat belt--will behave better buckled
    - b. How to get a child seat
        - (1) Contact Department of Health Services for referral to car seat loan programs

Learning Opportunities

3. The instructor could review sources of medical care at this time. Student health promoters could role play how they might advise a parent with a child who does not look well.

Skit: Cast: health promoters, parents.
What would you, as a health promoter, do?

The little girl in the apartment next to yours has just arrived from the refugee camp. She looks very thin. Her hair does not shine and in fact is reddish instead of black. She sits and watches the other children, but does not play.

(1) What might you say to the mother, whom you do not know well?

(2) To which sources of help might you offer to take her?

Hint: Doctor for examination and referral to

Hint: Indochinese Refugee Services Center-WIC (Women, Infant Children Program)

(3) How might she feel if you mention that you would like to help her?

(4) The instructor can hand out a pamphlet on CHDP checkups.

OBJECTIVE (4) Following instruction, the health promoter can counsel a parent about the importance of safety seats for children.

EVALUATION: He/she would include in the information given to a parent (1) to whom the California law pertains (2) why seats or restraints are necessary, and (3) where to obtain them.

Suggested Content Outline

(2) Purchase a car seat from nearest store selling them or used one from thrift store

c. Unrestrained child continues to move forward after car suddenly stops

  (1) Child held by parent may be crushed by forward movement of parent

  (2) Child riding in open truck at great risk

  (3) Child on back of bike or cycle--Risk

Learning Opportunities

5. The instructor can discuss child passenger safety and acquaint student health promoters with the importance of adequate restraint for children.

   Questions:

   (1) What happens to a child when the car in which he is riding stops suddenly?

   (2) How do seat belts/car seats prevent injury?

   (3) Why is not a baby safest in mother's arms in car?

6. The instructor can show a film on Children in Crashes--10 minutes, silent.

7. The instructor can arrange for a display of child passenger restraints and car seats. The student health promoters can explore the features of various types by buckling dolls into the various seats.

8. Helmets and protection for children riding as passengers on bicycles and cycles can also be shown.

9. Student health promoters can make posters showing safe ways to transport children.

OBJECTIVE (5) Following instruction, the health promoter can explain the importance of immunizations for children and can name the various diseases against which children should be immunized.

EVALUATION: His/her explanation would include our abilities to avoid the serious complications of epidemics of seven (7) different communicable diseases through proper immunization.

Suggested Content Outline	Learning Opportunities
	10. Student health promoters can role play counseling parents about the importance of child passenger safety. Working in pairs, they can alternately play the role of parent and health promoter.
3. Get the necessary immunizations for your child	
a. Contagious disease in the U.S. is not seen as often as in many countries because of vaccines and surveillance	11. The instructor may wish to take the student health promoters to the Department of Health Services by prior arrangement. They might observe immunizations being given and familiarize themselves with the procedures and the locations.
b. Start vaccines for child at 2 months age	
c. Keep all records of vaccines safely	12. Each student health promoter can be given a California Immunization Record, the official document used in most County Departments of Health Services.
d. California law requires you to prove immunization on school entry	
e. For best results, you should follow the schedule given to you by doctor, school or health professional	The instructor and the class can discuss immunization as part of preventive health care. Those who are parents may wish to ask questions or share experiences about immunizations that they and their children have received and where they obtained them.

Suggested Content Outline	Learning Opportunities
f. Immunizations given (1) DPT-diphtheria, whooping cough and tetanus (a) Three diseases that have caused death in children	13. The instructor can elaborate on the various diseases. Handout (Cambodian) Medical Guide, p. 53. Pictures of children with the various diseases may be helpful.
(b) Injection given 3 doses, 1-2 months apart booster in 1 year, booster on school entry, booster every 10 years* *D-T adults, Child over 5. T after dirty injury	14. The student health promoters could role play in pairs in front of the group. One would be the parent, the other the health promoter. The health promoter would explain the process of immunization and where to get the vaccination for their children and selves.
(2) Polio (a) Cause severe crippling in children and young adults (b) Given by mouth 3 doses 2 months apart booster in 1 year, booster on school entry, booster every 10 years	Problems for consideration: (1) One parent is reluctant to get the vaccines. (2) Another parent is afraid that vaccines may inject evil. (3) A third does not know where to go to receive vaccine (4) A fourth fears that his child is not acceptable to the school because his/her child has received an exclusion notice. The child has been at home for two weeks.
*Rubella adults non-pregnant (3) MMR-Measles, Mumps and Rubella (a) 3 diseases which have caused many problems including birth defects if pregnant woman has them	

OBJECTIVE (6) Following instruction, the health promoter can counsel a parent on the importance of the tuberculin skin test.

EVALUATION: His/her counsel would include (1) what the tuberculin skin test does, (2) how it is given and checked, and (3) what follow-up is needed should it be positive.

Suggested Content Outline	Learning Opportunities
(b) 1 injection at 13 months age or over	15. Material on tuberculosis, which may have been covered in the first section, can be reviewed.
(4) Tuberculosis	
(a) Disease often in the lungs	16. If the instructor takes the student health promoters on a field trip to the health center, they might be shown the x-ray machine, and have an opportunity to stand in front of it to desensitize concern about the procedure.
(b) Affects people in poor general health—though is contagious and could affect anyone	
(c) Children most susceptible	Student health promoters can receive tuberculin skin tests at this time. They are advised to return in 48 hours for reading.
(d) No vaccine but simple skin test given at 1 year age, every 2 years ideally	17. Positive reactions to tuberculin skin tests may be discussed. Student health promoters may wish to share their experiences.
(e) Positive skin test followed by chest x-ray and possibly medicine	18. Tuberculosis may have had a very negative connotation in the countries of origin of the student health promoters. The instructor can invite a bilingual health education assistant to cover this, and possibly other sensitive portions of the curriculum.
i. Medicine must be taken to prevent further illness	19. The instructor can utilize a pamphlet dealing with tuberculosis either to review or to add information at this point.
ii. Continue to receive	

OBJECTIVE (7) Following instruction, the health promoter can assist parents in selecting a health diet for their families.

EVALUATION: His/her assistance would include helping the parent classify preferred foods into the four (4) food groups as discussed in class.

OBJECTIVE (8) Following instruction, the health promoter can tell about some of the important nutrients found in foods and what they do for the body.

EVALUATION: His/her explanation would include five (5) important basic nutrients and what each does for the body.

Suggested Content Outline	Learning Opportunities
follow-up by Department Health Services	
4. Give your children good nutrition a. A well-nourished child does not get sick as easily as a poorly nourished one b. Include in the diet: (1) Milk, fish, fowl eggs, nuts, beans	20. After a discussion of the basics of nutrition, the instructor may wish to use any of several pamphlets on nutrition furnished by the WIC (Women, Infants, and Children) food supplement program. One of several posters can also be used to illustrate the concept of good nutrition. Page 68 of the (Cambodian) Medical Guide may also be utilized. One may read aloud.
(2) Milk, cheese, dairy products (3) Breads, cereals, noodles and rice (4) Fruits, juices vegetables	21. Student health promoters may bring samples of various foods from the four food groups which complement their ethnic choices. Each will be asked to tell about a certain food and to which food group it belongs.
c. Servings needed (1) Meats, fish group give proteins--two or more serv-	22. Student health promoters can, with the instructor's help construct posters on the four food groups and the number of servings of each needed daily.

Suggested Content Outline	Learning Opportunities
ings (2-3 ounces) per day/adult, child more	Can be hung at home, shared.
(2) Milk, cheese, dairy—proteins adults 2 servings (2 glasses milk) children and nursing mothers more	23. The student health promoters can pair and role play that one is the parent, the other the health promoter. Issues:
(3) Breads, cereals, rice, noodles, all: 4 servings daily. Brown best. Adds fiber for elimination	(1) The parent asks about the various things that the child has seen on t.v. and would like to eat—i.e., sugared cereals, candy, snack foods.
(4) Fruits, vegetable juices—All: 4 or more servings per day	(2) Do these fit into the 4 food groups? (3) How much of these foods should the child eat?
d. Nutrients needed by the body (1) Protein-builds tissue	(4) The parent says that her three-year old does not like milk. What can she do?
(2) Carbohydrates-fast energy (3) Fats-give energy and aid in digestion (4) Iron-mineral found in meats, egg yolk and green leafy vegetables—helps form red blood cells	24. The "parents" from the previous exercise could become the health promoters and could help the parent understand something about why each food is important to the body and from which foods some of the important components come. This exercise does not have to become extremely detailed and complex.
(5) Vitamins-found in most of 4 food groups. Example: C - helps fight infection, maintain healthy gums	

OBJECTIVE (9) Following instruction, the health promoter can develop a presentation to give to a new mother about important points on breast and bottle feeding.

EVALUATION: His/her presentation would include four (4) important points about each type of feeding as discussed in class.

Suggested Content Outline	Learning Opportunities
found in fruits, vegetables, juices (6) Calcium-mineral found in milk, dairy, helps form strong bones, teeth, and keep them healthy. Works with phosphorous and vitamin D from sunlight, fortified foods (7) Water is important to help the body eliminate wastes adults: 6-8 glasses daily	
e. Milk for your baby (1) Breast Feeding (a) Costs less (b) Always ready to feed (c) Less chance bacteria	25. The student health promoters can add to a list of advantages and disadvantages of breast versus bottle feeding. They can share their experiences and discuss the implications of bottle feeding in third world countries in contrast with those in their new first world location.
(d) Gives antibodies to help protect against infection (e) May require breast preparation, care of infection	26. Situation: You, as the health promoter meet a refugee expectant mother. She shyly asks you what would be best for her baby--breast or bottle feeding. What would you tell her?

Suggested Content Outline	Learning Opportunities
i. Toughen nipples with towel	
ii. Infection	
.keep nipples clean	
.continue to feed	
.medical care if high fever great pain	(1) Using what you have learned, describe some of the advantages of breast feeding.
(2) Formula from cow available at the market	
(a) Anyone can feed baby	Issues: How should she prepare her breasts? What to do in case of breast infection.
(b) Can be purchased with iron added	*Family Planning is not recommending breast feeding as sole method of birth control. Low dose pill.
(c) If use bottle do not prop	(2) Describe some of the advantages of bottle feeding.
i. Holding baby promotes closeness	Pair off: "Health promoter" and "new mother."
ii. Holding prevents choking	
iii. Bottle to bed may cause dental decay older baby	27. The instructor may wish to use a WIC pamphlet on bottlemouth, or use it later in the dental section.
	28. Preparation of bottles can be demonstrated by the instructor, then student health promoters can practice, making

OBJECTIVE (10) Following instruction, the health promoter can instruct parents in how to introduce solid foods to their babies.

EVALUATION: The information given to parents would include four (4) points as discussed in class.

Suggested Content Outline	Learning Opportunities
(d) Be sure to follow directions for mixing	certain that they understand the amount of water with which to dilute the formula. Heating can be simulated.
i. Too much water may save formula and money	Issues for discussion: (1) What may happen if a mother props a bottle?
ii. Baby will not get proper nourishment	(2) What may happen if the mother tries to save money by saving formula (ie: adding more water than stated by direction for mixing formula)?
f. Begin solid foods slowly, starting one by one	29. The student health promoters could make examples of baby food in class. Utilizing foods such as vegetables, bananas, and ground beef, they could show how this could be prepared, passing it through a strainer after cooking. Note: Fruits would not be cooked as they would lose their vitamin C.
(1) Begin offering solids from spoon age 5, certainly by age 6 months	
(2) Solids supply iron	
(3) Gradual introduction of solids can help avoid allergy	30. The health promoters could demonstrate selection and preparation of baby food as they worked in pairs, one playing the role of the health promoter, the other the parent.
(4) Home-made baby food	
i. Can save money	Issues: (1) How soon should the parent begin solids?
ii. Can be strained	
iii. Should be made without salt, fat	(2) Should they be bought or homemade?
	(3) How can the parent begin?

OBJECTIVE (11) Following instruction, the health promoter can assist new parents in the care of the newborn.

EVALUATION: Utilizing a doll, the health promoter can demonstrate cord care, bathing, diapering, holding, dressing appropriately for weather, feeding, and giving medication.

OBJECTIVE (12) Following instruction, the health promoter can distinguish the difference between a healthy infant and one who needs medical care.

EVALUATION: His description of a child in need of medical care will include five (5) indications for seeking medical care as discussed in class.

Suggested Content Outline

g. Care of the newborn includes
    (1) Cord care-cleanliness
        (a) Soap, H20, alcohol
        (b) Nothing else
        (c) Dries and is shed naturally
        (d) Infection
    (2) Bathing
        (a) Preparation of bath
            (1) Water test
            (2) Safety and hygiene
        (b) Holding child
        (c) Cleansing nose, ears, genitals
        (d) Cutting of nails

Learning Opportunities

31. After a demonstration of care of the newborn, the instructor can have the student health promoters practice aspects of care of the newborn. A doll and plastic basin will be helpful.

32. The student health promoters can discuss care of the newborn and ethnic differences in care between that given in their countries of origin and in their new location. Emphasis will be on safety and prevention of infection.

Questions for discussion:

(1) How can the parent tell if the cord is infected? Use what you have learned about infection.

(2) How would the parent know if bath water is at a safe temperature?

(3) What location is safe in which to bathe baby?

(4) Should infant be left alone or in care of another child, age?

Suggested Content Outline	Learning Opportunities
(3) Diapering (a) Use of talcum safety (b) Frequency of changes (4) Dressing appropriately (5) Football and other holds (6) Feeding (a) Preventing choking (b) Expelling air (7) Medication (a) Dose depends on size, weight (b) Prescription	(5) How are genitals cleaned-male, female? (6) What is a safe way to cut nails? (7) Using small amount of powder is not harmful, but what is the safety issue? Hint: lungs. (8) Does an infant need to wear wool socks and a wool hat and blanket in July? (9) How can we prevent injury by correct holds? (10) If the infant is crying after a feeding, what might this mean? (11) Should a parent go to the drugstore and get a cold medication and give the same dose to all the family, including infant?
h. Parent should observe child daily to be sure child is well, and know what to do if he is different from his usual appearance, behavior	33. The instructor may wish to arrange for student health promoters to work with the local public health nurse, assisting her in translation on newborn visits to homes, and practicing some of their new skills.
(1) Changes to look for to know if needs special or medical care (a) Skin i. Color change ii. Rash iii. Infections	34. The instructor can show a film or have a speaker help illustrate some of the aspects of determining when a child is ill. 35. The health promoters can practice, utilizing the doll and telling what conditions might be signs of illness.

Suggested Content Outline	Learning Opportunities
(b) Behavior i. Usually active-quiet ii. Overly sleepy iii. Crying, pulling ears (c) Breathing i. Difficulty ii. Stuffy nose iii. Cough iv. Wheeze v. Congestion (d) Stool i. Change in color, form ii. Frequency, odor (e) Urination i. Bleeding ii. Pain-crying (f) Vomiting many times, forcefully (g) Fever over 100 for more than a day, rising (h) Dehydration i. Skin dry, loose	36. After coverage of the material on knowing how to tell when a child or infant is ill, student health promoters who are parents can share experiences about how they cared for their children when sick. 37. Student health promoters can pair off and role play as (1) health promoter or parent (2) older child who has been been left to care for the baby when parent is away. Questions: (1) What should the older child be taught about knowing when baby is ill? (2) How can the "sitter" observe the infant? (3) What should the "sitter" look for? (4) How would the "sitter" find the parent in an emergency? If one of the H.P.'s is in the role of parent, the questions might differ slightly.

OBJECTIVE (13) Following instruction, the health promoter can instruct someone in how to use a thermometer in taking a child's temperature.

EVALUATION: The instruction would include: How to read the thermometer, type to use, where and how to insert, care of the thermometer.

Suggested Content Outline	Learning Opportunities
ii. Eyes sunken iii. Fontanelle sunken (i) Injury-Head	38. In instructing use of the thermometer, the instructor can use a large poster, showing in detail how to read the thermometer.
i. Fever Control (a) Child develops a fever (body warmer than usual) when he has infection, teething, hot day, after exercise (b) Treatment	39. The use of the thermometer can be demonstrated and the students can practice: (1) Choice of the thermometer (age) (2) Care of the thermometer (3) Shaking down the mercury (4) Correct placement, oral, rectal, axillary (5) Reading the thermometer
i. Take off clothing ii. Sponge with cool water	40. The instructor can give the students a printed handout if appropriate, illustrating thermometer use.
iii. Take temperature every hour or 2; medical care if over 100 and rising; may have convulsion if 104 and above iv. Dress in light clothing, bathe in tepid water to help reduce fever; re-check temperature v. Check with doctor if 104, up	41. Utilizing the doll, the instructor can show the proper type of clothing for a child with a fever, also the method of taking the temperature. (a) The student health promoters can take turns practicing with the doll. (b) Thermometers can be taken home and students can practice taking temperatures on family members at different times of day. These should be recorded and shared. Temperatures differ--age, time, activity. (Av. 98.6).

OBJECTIVE (14) Following instruction, the health promoter can list ways in which colds and flu are spread from one person to another.

EVALUATION: He or she will list at least three (3) ways that colds and flu can be spread.

OBJECTIVE (15) Following instruction, the health promoter can develop a list of symptoms commonly seen when a person has a cold or flu.

EVALUATION: His/her list would include five (5) symptoms.

Suggested Content Outline	Learning Opportunities
j. Cold, flu and what to do (1) Usually seen winter, spring (2) Not directly caused by weather (3) Contagious (a) Spread through coughs, sneezes (b) Can be spread by objects i. Using handkerchiefs ii. Drinking glasses (c) Main cause-virus (4) Symptoms (a) Symptoms often include upper respiratory system i. Sneezing ii. Mucus running from nose iii. Runny or watering eyes	42. The instructor can open a group discussion about colds, and flu, their causes and the experiences of the student health promoters. Students can describe symptoms that they recall having suffered when ill with colds and flu, and how they dealt with them at home. 43. Photographs of viruses can be shown to help illustrate the cause of colds. 44. Student health promoters can role play methods of prevention of spread of these infections. 45. The instructor might utilize a flannel board to illustrate cold and flu symptoms in a graphic manner. Student health promoters might add to these; e.g., adding a graphic red inflammation to the throat of a cartoon character. 46. Utilizing flashlights and tongue blades, the student health promoters can practice examining each other's nose and throat and describing which symptoms might be seen if the person has a cold or flu.

OBJECTIVE (16) Following instruction, the health promoter can instruct someone in how to care for a family member with a cold or flu.

EVALUATION: His/her instruction would include five (5) important considerations regarding caring for the cold or flu victim as discussed in class.

Suggested Content Outline	Learning Opportunities
(b) There can be other symptoms i. Cough ii. Fever iii. Body aches iv. Headache v. Sore throat	47. Utilizing the doll as a child, the student health promoters can role play as though they were advising a parent on how to examine a child and decide whether the child has a cold or flu.
(5) Ways to help the body recover from colds and flu (a) Check yourself or child	48. The role play could continue and the students would then advise "the parent" on how to care for the ill child. Roles could be exchanged so that each had the opportunity to play parent and health promoter.
i. Take the temperature several times per day or touch part to part to detect fever ii. Check type of clothing, be sure not overly warm (b) Remedies to help the person feel better i. Bathing helps lower fever, can be used if over 101 ii. Other uses of	49. The instructor and student health promoters could review the fever control section, classifying whether a fever would be slight, moderate, high or dangerously high. Questions for consideration: (1) What might occur if the fever were dangerously high? (2) What should the parent do? (3) How can the fever be reduced?

Suggested Content Outline	Learning Opportunities
fluids - Drink 6-10 glasses per day to help body eliminate wastes	50. After discussion on how to care for the cold or flu victim at home, various home care activities can be practiced.
- Prepare a gargle to help sore throat (1 glass warm water with 1 teaspoon salt). Do not swallow	51. Student health promoters can prepare a soothing throat gargle in class and practice. Questions: (1) For whom might the gargle be appropriate? (2) At what age might a child be able to do this?
- Steam bath or shower can help reduce congestion, loosen mucus and relieve cough	52. The student health promoters could make posters describing helpful uses of water in caring for the cold or flu victim.
iii Nourishment	
- Eat nourishing food though appetite may be poor	53. The instructor and the student health promoters can describe an appropriate diet for a person or child ill with a cold or flu. Questions: (1) What is a nourishing diet? (2) Which types of foods might be readily eaten by a sick person? (3) Why are juices a good choice?
- Drink fruit juices, which contain vitamin C	
v. Activity	
- Remain at home away from others	
- Bedrest reduces demand on body energy	
- Get plenty of sleep—alone	

OBJECTIVE (17) Following instruction, the health promoter can develop a plan to teach someone the safe uses of medication in dealing with colds and flu.

EVALUATION: The plan would include five (5) important considerations in taking medications as discussed in class.

Suggested Content Outline

- Quiet activity for a child

(c) Uses of medicines

i. Medicines for colds, flu advertised widely

ii. Some may help relieve discomfort, but natural defenses of body usually reduce symptoms in time

iii. Antibiotics such as penicillin best saved for bacterial, not viral infections

iv. Many medicines sold at and recommended by pharmacies

- Aspirin and Tylenol or Tempra may reduce fever, aches
- Concern about giving aspirin to children with viruses

Learning Opportunities

54. The instructor and the student health promoters can role play appropriate activities for a person or child who is ill with a cold or the flu.

    Questions:

    (1) Is it a good idea to send a child with cold or flu to school? Why or why not?

    (2) How might the child be cared for if a parent has to work?

    (3) What may happen if a person tries to continue his usual activities though ill?

55. The instructor and the student health promoters might have a class discussion comparing the types of medications or treatments for colds and flu in the country of origin and in that of resettlement.

56. Students may wish to share examples of advertising of medications for colds and flu.

57. Medication safety should be explored with students pairing as health promoter and parent. The "health promoter" can instruct the "parent" in safe selection and administration of medication.

OBJECTIVE (18) Following instruction, the health promoter can tell when a person with a cold or flu has complications that require medical care.

EVALUATION: His/her explanation would include four (4) complications requiring medical care as discussed in class.

Suggested Content Outline	Learning Opportunities
v. Use care in giving any medication - Be certain to read the label - Have someone help you understand the directions - Keep all medicine away from children - Do not take medicine in the dark - Leave medicine in its own labeled container - Do not take medicine offered by friends, prescribed by doctor for someone else (d) Watch for possible complications of colds and flu i. Thick yellow	Questions: (1) How are medications sold to protect the consumer? (2) How should they be stored at home? (3) What are some safety factors in giving medicine? (4) What may happen if someone shares medicine with a friend? (5) What should one do if a child appears to have swallowed medicine accidentally? (Review First Aid section) (6) Why should children with colds not be given aspirin? (association with Reyes Syndrome) (7) Why are antibiotics such as penicillin not the best choice for persons with viral infections such as colds and flu?

Suggested Content Outline	Learning Opportunities
or green mucus - May mean an infection that needs doctor - May cause trouble breathing ii. Cough - Bringing up thick yellow-green mucus - Pain in chest with deep breath - Cough lasting more than one week iii. High fever that does not come down iv. Convulsions - Can be seen in child with high fever - Jerking of body parts drooling, wetting, not responding to name	58. Following the discussion about complications of cold and flu, the student health promoters can role play in pairs, advising parents or clients about complications of colds and flu that may require the attention of a doctor. E.g., an elderly woman refugee has just settled. Her daughter tells the health promoter that mother has been ill with what seemed to be a cold. She is now coughing. Her chest hurts and one can hear the sound of mucus rattling as she breathes. The health promoter checks her and finds that her temperature is 103. She occasionally coughs up green mucus. (1) What does the health promoter suggest? (2) Where might this woman be taken for care? E.g., the young refugee in a nearby apartment has a 7-month old baby. The baby has been crying and has a runny nose. She feels hot to touch. The health promoter notes that that her fever is 105. Cool baths are begun. The health promoter assists the mother. Later the mother notices that the baby looks strange. She is jerking her arms and legs, saliva is drooling from her mouth. She won't look at mother. She has fallen asleep. Mother fears that she will die. (1) What does the health

OBJECTIVE (19) Following instruction, the health promoter could discuss causes of vomiting.

EVALUATION: His/her discussion would include three (3) causes of vomiting as discussed in class.

Suggested Content Outline

(5) When the person does to appear to be recovering

(a) Check him carefully for signs of the above complications

(b) Seek medical help

k. What do vomiting and diarrhea mean?

(1) Causes and effects of vomiting

(a) Vomiting can be caused by contagious cold or virus

i. Some children vomit because of mucus in the throat

ii. Virus may affect the stomach and cause it to expel contents

(b) Vomiting can

Learning Opportunities

promoter suggest?

(2) Where could child be taken to receive medical care?

59. The instructor can review the techniques for fever control and care of an adult or child with a cold or flu.

(a) Utilizing the doll, student promoters can practice bathing or sponging with cool water to reduce fever.

(b) Choice, care and use of the thermometer can be reviewed in a variety of of ways. (See Fever Control section.)

60. The instructor and the student health promoters can discuss their experiences with vomiting and what it means to them. The student might share any cultural beliefs about it at this point.

OBJECTIVE (20) Following instruction, the health promoter can discuss signs of dehydration.

EVALUATION: His/her explanation will include three (3) signs of dehydration, comparing that of an adult with that of a child.

Suggested Content Outline	Learning Opportunities
be caused by something that the person has eaten i. Germs (bacteria) growing in food might cause upset stomach and vomiting ii. Child may have eaten a plant or medicine belonging to another person iii. Drinking alcohol can cause stomach upset (c) Vomiting can be caused by something that is blocking the stomach or intestine i. Ulcers ii. Appendicitis (See First Aid section) (d) Vomiting can cause dehydration	61. The instructor can ask volunteers to share what they recall about poisonings (see First Aid section). Questions: (1) How might improper care or storage of food result in vomiting? (2) How might improper storage or care of medicines in vomiting? (3) What can we say about drinking alcohol to protect the stomach, to prevent other health consequences, to protect children? 62. The instructor might show a graphic picture or drawing of the digestive tract to help explain its anatomy and how food and waste normally move through the body from ingestion to elimination.

Suggested Content Outline	Learning Opportunities
i. Much of body weight is water--child greater percentage than adult ii. Losing too much of the body's water can cause death, especially in an infant (e) Signs and symptoms of dehydration i. Person urinates less frequently color-dark yellow, strong ammonia smell ii. Person loses weight, especially child iii. Skin, warm, dry iv. Tongue may be dry, sticky v. In babies, eyes may be sunken and fontanelle depressed vi. There may be constant fever which does not go down	63. Utilizing a doll, student health promoter can pair to describe the signs of dehydration that one might look for especially in a child or infant. Example: The refugee family has a 4-month old infant son who has been vomiting over the last two days. The mother is worried about him as he cannot keep any of his milk down. Questions: (1) What signs of dehydration might the health promoter look for? (2) What questions would the health promoter ask the mother? (3) What would the health promoter suggest?

OBJECTIVE (21) Following instruction, the health promoter can identify appropriate types of liquids to help prevent dehydration in an adult or child who is vomiting.

EVALUATION: His/her identification would include four (4) of the nine fluids discussed in class.

Suggested Content Outline	Learning Opportunities
(3) Treatment of the person with vomiting (a) Do not give solid food during first 24 hours i. Give stomach and intestines rest ii. Only start light diet after no vomiting for 24 hours (b) Do give fluids i. Water ii. Breast milk iii. Tea iv. Gatorade or rehydration drink - 1 quart water - 2 teaspoons sugar or honey - 1/4 teaspoon salt - 1/4 teaspoon soda or - one more portion salt - orange, lemon juice	64. For visual reinforcement, the instructor can use a flannel board and have student health promoters select and attach drawings of fluids to give to an adult or child who is vomiting. 65. The student health promoters can present skits, one serving as health promoter, the other the parent of a child who is vomiting. The health promoter assists the parent in examining the child (doll) for signs of dehydration and discusses appropriate home care. Questions: (1) Which foods should the parent not give the child? (2) Which nourishment would be best? (3) Why are fluids important? 66. The student health promoters can make posters to hang in their homes to help them remember the appropriate fluids to give to an adult or child who is vomiting. 67. The instructor can assemble the ingredients for the rehydration drink and the students can demonstrate making and tasting it. This can be used as electrolyte replacement in event that Gatorade not available.

OBJECTIVE (22)* Following instruction, the health promoter can correctly assemble the ingredients and make a rehydration drink.

EVALUATION: He/she would assemble a quart container, teaspoon, sugar or honey, water, salt and soda. He/she would then demonstrate how to make the drink and offer it to a classmate or the instructor to taste. (Should not taste more salty than tears.)

* This objective might not be repeated if this activity were included in the First Aid section.

Suggested Content Outline	Learning Opportunities
v. Liquid Jello	68. Practicing in pairs, the stustudent health promoters can alternately play health promoter and a parent as they instruct how to make the rehydration drink.
vi. Kool-Aid	
vii. Soda without gas	
viii. Popsicles	Questions to answer or for roleplay variations:
(c) Amounts of fluid	
i. 1-2 ounces hourly	(1) How might one urge an irritable, vomiting child to drink fluids?
ii. As tolerated	(2) How much should the ill one drink?
(d) When to give food	(3) Under what circumstances might one need to boil water before drinking it?
i. When there has been no vomiting for 24 hours	(4) When should food be offered?
ii. Begin with:	69. Health promoter students can choose and apply to a flannel board drawings of appropriate foods to introduce after vomiting has stopped.
- Pudding	
- Cottage cheese	
- Crackers, dry toast	70. A little girl has been vomiting but now is improving. What foods might the health promoter advise her mother to give her? Why are fried foods not the best choice for someone recovering from an upset stomach? Cultural considerations?
- Skinned chicken	
- Lean broiled or baked meat no fried food	

OBJECTIVE (23) Following instruction, the health promoter can guide clients in making decisions about when to seek medical care for an adult or child who is vomiting.

EVALUATION: His/her guidance would include an explanation of three (3) indications for seeking medical care.

Suggested Content Outline

(4) When medical care may be indicated

- (a) When there is blood—bright or dark in color for no apparent reason such as nosebleed
  - i. Could mean ulcer - adult
  - ii. Sometimes seen in persons who drink a lot of alcohol
- (b) When the vomiting is forceful
  - i. Could mean an obstruction
  - ii. May be a life-threat
- (c) When there are already signs of dehydration (Review signs)
- (d) If the ill one does not seem to be getting better. Infants require special close attention

Learning Opportunities

71. Utilizing a picture or drawing of the digestive system, the instructor can illustrate conditions which would indicate seeking medical care:

    (1) Bleeding from the digestive tract.

    (2) Obstruction of the stomach or elsewhere.

    (3) Review dangers of dehydration.

    (4) Review the rapid progress of illness leading to possible death in infants who continue to vomit and who cannot retain fluid.

72. Student health promoters can develop a plan which they would use to advise clients on when to seek medical care for someone with serious vomiting that did not appear to improve.

    Questions:

    (1) How would one tell if there were blood in vomitus?

    (2) What does forceful vomiting mean? How is it different?

    (3) How would a dehydrated person, adult, child appear?

    (4) What may happen if an infant vomits for 24 hours?

OBJECTIVE (24) Following instruction, the health promoter can help a client understand diarrhea by discussing its causes.

EVALUATION: His/her discussion will include at least three (3) causes of diarrhea.

OBJECTIVE (25) Following instruction, the health promoter can identify a diarrhea stool.

EVALUATION: His/her identification will include and explain that the stool is changed in color, form, odor, consistency, and frequency.

Suggested Content Outline	Learning Opportunities
(4) Causes of diarrhea (a) Infections in the digestive tract or elsewhere in body i. Viruses, colds and flu ii. Parasites in the intestines (b) Something that the person ate i. Medicines ii. Foods such as new foods given to a baby iii. Allergies iv. Fruits, greasy foods v. Spoiled food or milk that is old or not kept in the refrigerator or bought daily from market	73. The instructor can ask student health promoters to add to the discussion about diarrhea by sharing their experiences with the problem. 74. The instructor can ask student health promoters to place graphic drawings on a flannel board to list the causes of diarrhea. 75. Student health promoters can develop a plan for the prevention of diarrhea in the home, using what they have already learned. Questions: (1) How does personal cleanliness relate to diarrhea and infection? (2) What can we teach children about personal cleanliness and toilet use? (3) What is the best way to change an infant's diaper to prevent infection? What should we do about disposal? Handwashing? (4) How might food storage prevent or cause diarrhea?

Suggested Content Outline

(6) Identifying diarrhea
  - (a) Change in the form of stool
    - i. Usually solid except in a breastfed baby
    - ii. Diarrhea may be very soft with ring around it on diaper or clothing
  - (b) Change in normal odor
  - (c) Change in number of times per day--more often
  - (d) Change in color
    - i. Breastfed normally light, runny, may depend on mother's diet
    - ii. Diarrhea stool may be greenish

(7) Dangers of diarrhea
  - (a) It can occur with or without vomiting
  - (b) Like vomiting, it can cause loss of body fluids, even death
  - (c) The child is much more in danger than an adult

Learning Opportunities

(5) What aspects of infant feeding are important in preventing diarrhea?

76. The instructor might show a film which graphically illustrates diarrhea and other danger signs in the newborn or small child.

77. Utilizing the doll, student health promoters can pair, one playing the role of the health promoter, the other a parent, then changing roles to give all opportunity to play both roles.

The young mother's baby has had diarrhea off and on for many weeks. She is unsure what to do. The baby looks thin. What would the health promoter advise?

The young mother believes that she may also have diarrhea, but is very shy about discussing such a private matter. How can the health promoter help?

78. The instructor can use a poster to review the all-important signs of dehydration.

79. The student health promoters answer the following questions:

(1) How do we know that a person has diarrhea?

(2) How would the stool differ from normal?

(3) Why can diarrhea be very dangerous in an infant or small child?

Suggested Content Outline	Learning Opportunities
(8) Treatment of diarrhea (a) Diarrhea can often be treated at home i. Medicine usually not needed - may act as a plug and keep in material that needs to come out ii. You may not know the cause of diarrhea before it is cleared iii. Children who are already in poor health may not recover quickly (b) Person, particularly infants, must have fluids i. Breast milk is best milk - continue breast feeding - Less chance of contamination - Less irritating fat than cow's milk ii. Rehydration drink replaces important fluid, sugar, salt lost by	80. The student health promoters can carry out a skit using paper bag or other puppets involving two women whose infants had diarrhea. One breastfed, the other did not. Contamination of the formula and over-dilution of it caused the bottle-fed infant to die. Questions: (1) How might this have been prevented? (2) Why is breast milk best? 81. Another skit can involve student health promoters. The scene takes place in an urban setting. The infant, the mother and another child seem to have diarrhea. They ask the health promoter what to do. The health promoter takes them to the local Department of Health Services Clinic. There they speak with a bilingual translator who arranges with the Public nurse to have their stools tested for parasites. They receive medicine, and they feel better once again. They also learn from the health promoter how to prevent the spread of infections.

OBJECTIVE (26) Following instruction, the health promoter can instruct a parent in choosing appropriate fluids and foods for a child with diarrhea.

EVALUATION: His/her instruction will include at least three (3) appropriate fluids and three (3) appropriate foods to give.

Suggested Content Outline	Learning Opportunities
iii. Teas also help	82. The instructor can utilize a flannel board and have student health promoters select and apply drawings of appropriate fluids or liquids to give to an adult or child with diarrhea.
iv. Rice water	
v. Kool-Aid	
vi. Gatorade	
vii. Must gently insist that person drink though may not want to	83. The above exercise can be repeated showing foods that should not be given to a person who has or is recovering from diarrhea?
(c) Foods should be given as soon as possible after diarrhea stops or after 24 hours	84. The student health promoters can answer the following: (1) Which foods help nourish a person who has diarrhea?
i. Ripe or cooked bananas	(2) Which foods should be avoided when a person has or is recovering from diarrhea?
ii. Cooked applesauce	
iii. Crackers	(3) Which foods can help improve the overall health of an adult or child with chronic (repeating) diarrhea?
iv. Rice	
v. Potatoes	
vi. Cooked rice cereal or oatmeal	(4) Why are alcoholic drinks not good for a person with diarrhea?
(d) If diarrhea is chronic (returns again and again) give body building foods:	

OBJECTIVE (27) Following instruction, the health promoter can advise a client when to seek medical care for a child or adult with diarrhea.

EVALUATION: His/her advice would include three (3) conditions which indicate the need for medical care.

Suggested Content Outline	Learning Opportunities
i. Chicken (boil or roast)	
ii. Eggs (boil)	
iii. Milk-mixed with other foods - if diarrhea worsens, stop	
iv. Cooked meat, no fat or grease	
v. Cooked fish	
vi. Beans, peas, cooked, mashed	
vii. Avoid:	
- Greasy food	
- Raw fruits	85. The points from the film, Danger Signs in the New-born could be reviewed by the instructor--indications for seeking medical care.
- Alcoholic drinks	
- Laxatives	
(e) When to seek medical care	86. Utilizing the doll, student health promoters can describe what symptoms the infant might have that would indicate seeking medical care in event of diarrhea complications.
i. When the diarrhea does not improve with home care	
ii. If the illness appears worse	
iii. Bleeding	
iv. Dehydration	

Suggested Resources

Books:

American Red Cross. *Family Health and Home Nursing*. 7th ed. Garden City, N.Y.: Doubleday, 1979.

Miller, Benjamin F. and Lawrence Galton. *The Complete Medical Guide*. 4th ed. New York: Simon and Schuster, 1978.

Nelson, Waldo, E., ed. *Textbook of Pediatrics*. 7th ed. Philadelphia: W. B. Saunders Company, 1962.

Vaughan, Gerard. *Mummy, I Don't Feel Well*. England, United Kingdom: Heineman. (U.S. North Pomfret, Vermont: David and Charles), 1980.

May be ordered: ASUCLA Health Sciences Store, 308 Westwood Plaza, Los Angeles, Calif. 90024. $16.95 + 6.5% tax, plus $2.25 shipping and handling. Excellent pictorial source childhood illnesses, rashes.

Werner, David. *Where There Is No Doctor*. 7th rev. ed. Palo Alto, Calif.: Hesperian Foundation, 1982.

Journals and Papers:

Gutierrez, Maritza. "On Our Way to Good Health: Activities and Games Manual." Unpublished manuscript. Los Angeles County Department of Health Services, H. Claude Hudson Comprehensive Health Center, Health Promotion/Disease Prevention Project, 1983.

Koepp, Kathleen R. and Charlene J. Krell. "The Digestive System and Nutrition." Unpublished manuscript curriculum guide. California State University, Northridge, Department of Health Science, 1981.

Pamphlets:

"Bottlemouth." WIC Supplemental Food Section, California State Department of Health Services. Available in Indochinese languages.

"Checkups." Child Health and Disability Prevention Program, County of Los Angeles, Department of Health Services. Available in Indochinese languages.

"Feeding Your Child in the First Year." WIC Supplemental Food Section, California State Department of Health Services. Available in Indochinese languages.

"Help Your Child Grow, Be Healthy, Have Energy." Above source. Available in Indochinese languages.

"The Tuberculin Skin Test: How it Works, What it Shows." Los Angeles County Department of Health Services, Indochinese Refugee Services Center Health Unit. Available in Indochinese languages.

"Tuberculosis Cure and Prevention." Orange County, California, Human Services Agency, Public Health and Medical Services, Indochinese Refugee Assistance Project, Statewide Impact Project. Available in Indochinese languages.

"What to Feed My Child?" WIC Supplemental Food Section, California Department of Health Services. Available in Indochinese languages.

Posters:

Anatomical or Models:

"The Basic Four Food Groups." School Services Division, Florida Department of Citrus, Lakeland, Florida.

"Big Four Countdown." Delmonte Kitchens, San Francisco, California.

"Breakfast, The Most Important Meal of the Day." Dairy Council, Sacramento, California.

The Digestive System and Others: Denoyer-Geppert, 5235 Ravenswood Avenue, Chicago, Illinois 60640. Write for catalogue.

"Versatile Vegetables." The Green Giant Company, Minneapolis, Minnesota.

Teacher-Made:

Drawings of foods to be used with flannel board, sandpaper on back to aid in adhering to board.

Illustration of the thermometer in large detail.

Films:*

Children in Crashes. Cassette. Child Health and Disability Prevention Program, Los Angeles County. Visual display only.

Early Childhood Examination. Above source. Cassette, Indochinese languages.

Danger Signs in the Newborn. Special Health Education Grant to Childrens Hospital of Los Angeles. Copy available through: Gayle P. Young, Health Educator, Los Angeles County Department of Health Services. Telephone: (818) 901-3914.

* Utilization of film may depend upon the degree of bilinguality attained by the learners. Those listed above are considered suitable.

Speaker:

Child Passenger Safety Association, Los Angeles Area.
Stephanie Tombrello. Telephone: (213) 204-1100 or (818) 798-5197.

Materials:

Baby bottle(s), can formula

Doll(s) with heavy and light clothing, blankets, disposable diapers

Empty containers: food, medicine bottles

Flannel board and adherent drawings as suggested

Flashlights

Gatorade

Immunization card, Los Angeles County Department of Health Services

Ingredients: Salt, water, honey, lemon or orange juice, sugar

Magazines: To be used to search for ads for over-the-counter medicines

Measuring cup, spoons

List of medical resources (see previous section)

Paper cups

Plastic basin(s) for bathing demonstrations

Poster materials, poster paper, pens

Strainer or baby food hand grinder, ice cube tray

Thermometers, oral, rectal, alcohol, cotton balls, soap

Tongue blades

SUB-TOPIC: TEETH AND THEIR CARE

GENERALIZATION: A healthy mouth and teeth affect and reflect the health and appearance of a person.

OBJECTIVE (1) Following instruction, the health promoter can identify the parts of a tooth.

EVALUATION: He/she would identify the crown, neck, root and inner layers of a tooth either from a model or picture.

OBJECTIVE (2) Following instruction, the health promoter can explain why the first or baby teeth are important.

EVALUATION: His/her explanation would include three (3) important functions of the first teeth.

Suggested Content Outline	Learning Opportunities
D. Teeth and their care 1. What a tooth looks like outside a. Color (1) White or variation (2) Varies with race, diet, care	1. The instructor can show a poster, drawing or model and point out the parts and layers of a tooth.
b. Substance (1) Enamel--hardest substance in body (2) Can be broken (3) Requires care to remain intact	2. Student health promoters can look at collections of shed teeth and note the various colors, intactness of the enamel.
2. Inside a. Dentine (1) Ivory-like, but darker and softer than enamel covering (2) Forms the body of the tooth	3. The student health promoters can complete, color or label a worksheet, noting the different layers of a tooth.

Suggested Content Outline	Learning Opportunities
b. Pulp (1) Under the dentine (2) Contains nerve endings which send signals to brain and cause person to feel pain-toothache	4. The student health promoters can point to or complete a worksheet and note or label the different external parts of a tooth.
(3) Contains blood vessels which nourish the tooth 3. Parts of the tooth a. Crown—the part that can be seen in the mouth b. Neck—a slightly narrowed portion between the crown and the root c. Root--the part that is down below the gum and is attached to the bone of the jaw	5. Student health promoters can share experiences that they or someone they know has had with toothache. What was done for the person? In what way does this care seem to differ in the country of resettlement?
4. Sets of teeth a. Deciduous (1) Have several names (a) Baby or milk teeth-come in when child is drinking lots of milk (b) Deciduous--because they are lost to make room for another set	6. Student health promoters may wish to ask questions about first set of teeth, or they may answer some questions: (1) What are some of the names given to the first teeth? (2) What is the importance of drinking milk for formation of healthy teeth? (3) When, in the person's life do the teeth form? (4) Why are the first teeth very important?

Suggested Content Outline	Learning Opportunities
(c) Primary or first teeth	
(d) Temporary, do not last	
(2) There are 20 teeth in the first set	7. The instructor can show a picture or model of a child's mouth, and the student health promoters can note the number of teeth. This can later be compared with a similar picture or model of an adult mouth. What are the differences?
(a) 10 teeth in the upper, 10 in lower jaw	
(b) A small child has a smaller mouth and fewer teeth than an adult	
(3) Teeth start forming before baby is born	
(4) Teeth start coming in when baby is about 6 months old (some have teeth at birth!)	
(5) First teeth have shallow roots dissolve before teeth shed--leave crown	
(6) First teeth need care because they are important:	8. The student health promoters can roleplay situations something like the following:
(a) For chewing food	The concerned father shows the health promoter his 5-year-old son's blackened and broken teeth.
(b) For speaking clearly	(1) What would the health promoter tell the father about the importance of the first teeth?
(c) To maintain space for permanent teeth	(2) What should he do?

OBJECTIVE (3) Following instruction, the health promoter would be able to compare the primary and permanent teeth.

EVALUATION: He/she would be able to list the differences in number, size and age at which they appear.

Suggested Content Outline	Learning Opportunities
(7) Use care in removing loose teeth	
b. Permanent teeth	9. Following the discussion of the permanent teeth, the student health promoters can use mirrors and tongue blades in a number of activities:
(1) There are 32 permanent teeth in a complete set with 16 upper and 16 lower	(1) They can count the number of teeth that they have.
(2) First permanent to erupt are the first molars	(2) They can locate the 6-year molar.
(a) Often called 6-year molars because they come in when the child is about 6 years of age	10. The student health promoters can compare the child and adult mouth in picture or model.
(b) There are 4 of these, one on each side, upper and lower	
(c) They are important for the shape of the face and to keep the other teeth in line	
(3) The last permanent teeth to erupt are 3rd molars	
(a) Come in between 16-21 years	
(b) Often called wisdom teeth	

OBJECTIVE (4) Following instruction, the health promoter can identify the different types of teeth on a model or poster.

EVALUATION: He/she would identify the four (4) types of teeth: incisor, cuspid, bicuspid and molar.

OBJECTIVE (5) Following instruction, the health promoter can explain the functions of each type of tooth.

EVALUATION: His/her explanation would include that incisors cut, cuspids tear, bicuspids tear and crush, molars grind.

Suggested Content Outline	Learning Opportunities
because they come in when a person should have wisdom	
(c) Can come in crooked if no room for them	
(d) Some people's never erupt	
5. Types of teeth and what they do a. Incisors (1) They are the front teeth	11. Following the discussion about the types of teeth and their functions, the instructor can have students choose teeth from a collection of shed teeth, identify them by name and tell what they do.
(2) There are 4 in the upper and 4 in the lower (3) These are used for cutting and biting food	12. A similar graphic hands-on opportunity could be accomplished by pointing to teeth on a model or picture and identifying them by name and function.
(4) They should not be used for opening bottletops and lids (5) They have a thin shape with a biting edge b. The cuspids (1) There are 4 in all —2 upper, 2 lower	13. Student health promoters could roleplay this or other types of skits involving tooth safety: The health promoter is returning home when he sees group of children playing near the apartment complex. He sees one child attempting to open a bottle cap with his teeth.

OBJECTIVE (6) Following instruction, the health promoter can tell in their own words what a dental cavity is and what causes it.

EVALUATION: His/her explanation will include that a cavity is a hole in the enamel of a tooth, caused by bacteria in the mouth.

OBJECTIVE (7) Following instruction, the health promoter can identify conditions of a healthy mouth.

EVALUATION: His/her identification would include that the tissue of the mouth is pink, moist and tight around the teeth, without bleeding or pain with brushing. The breath does not usually have an unpleasant odor. The teeth are clean and nicely spaced with none missing except in children of certain ages.

Suggested Content Outline	Learning Opportunities
right behind the incisors (2) They are used for tearing food	(1) From what he has learned about enamel, what danger does he/she see? (2) What can he explain to the children?
c. The bicuspids (1) There are 2 sets in each jaw, a total of 8, and they are right behind the cuspids (2) They are used for tearing and crushing food d. The molars (1) There are 12 of these in an adult mouth--3 on each side, upper and lower	14. The instructor can utilize a flannel board and cutouts to illustrate the type of function that each type of tooth does--comparing them to tools. The student health promoters can take turns placing the symbols for each function on the appropriate tooth.
6. Dental disease and its prevention a. Caries (cavities) is a local disease that destroys the	15. In order to illustrate the process of dental decay, the instructor can show a drawing of a cavity extending into the interior of a tooth.

Suggested Content Outline	Learning Opportunities
enamel of a tooth and makes a hole which goes down through the enamel inside the tooth	16. The student health promoters can complete a similar poster which they might use later in explaining the process of dental decay to families.
(1) Commonly called tooth decay (2) This is especially a problem with young children and teens	17. The instructor can show dental x-rays and graphically illustrate to the student health promoters how dental caries can destroy teeth.
(3) Certain germs in the mouth react with sugar to form a cavity	18. The sugar + bacteria = acid may = decay can be graphically illustrated for the student health promoters in a number of ways, utilizing the blackboard, flannelboard or even a skit.
(4) Caries can cause great damage to teeth, and even cause them to be destroyed Depending on:	If the health promoter students are young, or children, some could manipulate puppets representing the villainous bacteria, the acid and the innocent tooth which is attacked and becomes ill.
(a) Whether there is any sticky plaque (film) on teeth	The instructor can utilize a hard boiled egg and soak it in vinegar (acetic acid) for 24 hours, showing how acid decalcifies the shell and it becomes soft.
(b) The length of time the sticky substance stays on teeth (c) Family heredity Do others in family have many cavities? (d) Fluoride given	19. A disclosing tablet exercise can illustrate how incomplete tooth cleaning leaves deposits of sticky plaque (bacteria + sugar). Following normal brushing, the students would chew, then spit out the red dye tablets. They would then examine their teeth in mirrors.
i. When very young	20. Questions to answer:
ii. On teeth	(1) What is fluoride?

Suggested Content Outline	Learning Opportunities
iii. In vitamins, in drinking water (5) Process of cavity formation (a) Foods high in sugar converted into strong acid in 5-10 minutes after eating (by bacteria)	(2) How does it protect teeth? Utilizing an egg as above, the lower half of the egg is submerged in a fluoride-containing toothpaste for 6 hours. A pencil line is drawn around the bottom of the egg above the toothpaste. The instructor would then remove the egg from the toothpaste and rinse thoroughly. The egg would then be submerged in vinegar. Observe results.
(b) Decay often starts in an area that is hard to clean i. Molars with small pits ii. Irregular surface iii. Between teeth	21. Using a larger-than-life model, or teeth that have been shed, the instructor can have students identify irregular areas especially on molars where tooth decay can begin.
b. Crooked teeth can contribute to dental problems (1) Irregular position (2) Difficult to clean (3) Contribute to problems (a) Tooth decay (b) Bad breath (c) Speech problems	22. The instructor can show a picture or drawing explaining how crooked teeth can affect the health of the mouth.

Suggested Content Outline

(d) Affect appearance

(e) Chewing problems

(f) Gum infections

(g) Can be treated by special dentist--Orthodontist

c. Appearance of a healthy mouth

(1) Gums (tissue around teeth

(a) Pink or light brownish in some races

(b) Free of pain or bleeding on cleaning

(c) Tight around teeth

(d) Formation of gum infections and pockets around teeth can cause loss of teeth

(2) Teeth

(a) Clean--free of plaque, tartar

(b) Free of cavities (all cavities filled by dentist)

Learning Opportunities

23. The student health promoters may be curious about orthodontic treatment frequently seen especially in first world countries.

Questions:
(1) What is orthodontics? (Treatment for crooked teeth)

(2) What devices are used in the treatment? (Wires, brackets and other devices.)

(3) Does it hurt? (Slightly)

(4) How long does it take? (Depending upon severity about two years)

24. Using a mirror and working in pairs, the student health promotors can examine their own mouths to look for signs of good health.

(1) They might complete a checklist of gums: lack or presence of redness or recession of gums around teeth, infection.

(2) Teeth: are cavities filled, teeth clean per disclosing tablets?

(3) Are there missing teeth, which can lead to movement of other teeth and cause them to become crooked?

OBJECTIVE (8) Following instruction, the health promoter can teach another person how to clean the teeth effectively.

EVALUATION: His/her instruction would include a demonstration and explanation of brushing the teeth, tongue, gums, and flossing the teeth correctly.

Suggested Content Outline	Learning Opportunities
(c) No missing or crooked teeth (d) Breath does not have foul odor	
d. Methods of prevention of dental disease (1) Brushing of teeth, tongue and gums (a) Immediately after eating (b) Brushing not possible—water swish (c) Use a tooth brush in good condition	25. Following the discussion on prevention, the instructor can display various types of toothbrushes, a worn one, a soiled one, a new one, a child-sized and an adult-sized. Student health promoters might want to discuss how toothbrushing or cleaning differs in their countries of origin from that in the country of resettlement. Alternative types of tooth-cleaning devices such as a prepared stick might be shown.
i. Flat surface bristles ii. Keep dry when not in use iii. Each person in family has own (d) Use toothpaste, powder or mix salt 1 part + baking soda 2 parts to glass water	26. Student health promoters can brush their teeth with a commercial toothpaste, then make and brush with a salt-soda mix. The results and preferences might be compared. Questions: (1) What do advertisements say about toothpastes? (2) What do toothpastes contain to help prevent cavities? (3) Can the salt mix be almost as effective? (4) Does the salt mix cost less?

Suggested Content Outline	Learning Opportunities
(e) Brushing correctly is important i. Clean teeth moving back and forth in same direction as gumline ii. Clean 2 teeth at a time iii. Important to clean area where tooth joins gum (brush 45 degree angle) iv. Brush all tooth surfaces v. Spend several minutes brushing each tooth 10 times	27. The instructor can demonstrate the correct technique of brushing the teeth using a larger-than-life model. The student health promoters can then take turns practicing, showing the correct angle placement of the brush, cleaning under the gums, and brushing all tooth surfaces.
(2) Flossing the teeth (a) Removes food and bacteria from between (b) Use piece of floss 18 inches long and move back and forth between all teeth, up under gums to remove plaque (c) Don't rush or may cause gums to bleed	28. Again using the model, the instructor can demonstrate tooth flossing and the student health promoters can also practice. 29. Lacking the models, human models from among the student health promoter can volunteer for the demonstration. They can then pair and practice brushing their teeth with an observer, then reverse roles. 30. Student health promoters can practice new skills instructing family members in correct techniques of tooth cleaning.

OBJECTIVE (9) Following instruction, the health promoter can explain in his/her own words which foods help maintain healthy teeth and which foods may cause dental cavities.

EVALUATION: His/her explanation would include examples of three (3) foods that help maintain healthy teeth and three (3) that may cause dental cavities.

OBJECTIVE (10) Following instruction, the health promoter can help a parent understand the relationship of the baby nursing bottle to the development of dental cavities.

EVALUATON: His/her explanation would include the fact that milk contains sugar, which combines with bacteria in the infant's mouth. These two remain on the toddler's teeth for many hours and are responsible for severe dental decay known as bottlemouth.

Suggested Content Outline	Learning Opportunities
(d) Rinse mouth after flossing	
(e) Floss once a day	
7. Diet and its importance to healthy mouths	31. Following the discussion of foods that contribute to a healthy mouth, the student health promoters can contribute to menu plans for a family that would accomplish the goal of forming and maintaining a mouth.
a. The body needs a well-balanced diet with foods from all the food groups (may review previous section)	
b. Foods high in protein maintain healthy tissue	32. The student health promoters can roleplay as a mother of a family and a "health promoter." The health promoter would advise the mother how to select foods for her family that would help form and maintain healthy teeth and mouth. The role of "parent" and "health promoter" could be played so that all student health promoters have equal opportunity.
(1) Meats	
(2) Beans	
c. Foods high in vitamins also help keep mouth tissues healthy	
(1) Green leafy vegetables	

Suggested Content Outline	Learning Opportunities
(2) Fruits such as oranges (vitamin C)	
d. Foods high in calcium and phosphorus are also helpful to formation of healthy teeth (1) Milk (2) Meats	
e. Snacks are healthier if they are fruits and vegetables	33. The student health promoters can plan presentations that they might give at a later time to children in their area.
f. Eat less quantity of foods high in sugar such as: (1) Sodas, sweet drinks (2) Candy-especially hard candy that bathes teeth in sugar for a long period of time (3) Gum (4) Special care if eat sweets (a) Eat sweets with meals (b) Brush teeth or swish after eating	Consider these topics for discussion with the children: (1) Choosing healthy snacks (2) How to take good care of your teeth to make them last a lifetime (3) How dental cavities are formed (4) Which foods help you to keep your healthy smile (5) Take special care if you must eat sweets
g. Babies or small children should not be given nursing bottles filled with juice or milk throughout the day or to take to bed	

OBJECTIVE (11) Following instruction, the health promoter could identify services performed by the dentist or dental care provider.

EVALUATION: His/her identification would include at least three (3) services provided by the dental care provider.

OBJECTIVE (12) Following instruction, the health promoter would be able to discuss dental care in the community and how a family would locate a dentist.

EVALUATION: His/her discussion would include five (5) sources of information for dental care referrals.

Suggested Content Outline	Learning Opportunities
8. Dental care in your community a. Routine dental examinations are a form of preventive health care (1) Ideal twice per year from age 3 (2) May be done by dentist, dental hygienist or both working together (3) Checked by the care provider (a) Cavities (b) Positions of teeth (c) Permanent teeth (d) Signs of disease i. Gum infections	35. The student health promoters could discuss dental care in their countries of origin versus that of resettlement. 36. The student health promoters and their instructor might visit dental offices to gain an understanding of the roles of different health care providers, then return to answer some questions in class: (1) What is a dentist? (2) What is a dental hygienist? (3) What are the services performed by these? (4) What equipment was seen in the office?

Suggested Content Outline

ii. Buildup of calcium or tartar on teeth

(4) Taking x-rays

  (a) See tiny cavities not visible to the eye

  (b) See teeth not yet erupted into the gums

(5) Cleaning teeth

  (a) Removes hard deposits

  (b) May apply fluoride to help prevent decay

(6) Treatment of dental problems

  (a) Fill cavities so that air and bacteria can't enter, cause pain, infection

  (b) Perform operations in the mouth

    i. Extract teeth

    ii. Drain abscess

  (c) Replace missing teeth

Learning Opportunities

37. The instructor can utilize dental x-rays as in (#17), also pointing out other problems such as absence of teeth, abscess at the root of the tooth, discovery of the problem aided by x-ray.

Questions:

(1) Do you think that dental x-rays are harmful?

(2) What protection is useful in taking dental x-rays, why?

(3) How do x-rays help the dentist give better care?

38. The instructor can discuss with student health promoters the cleaning of teeth done by a dental care professional versus that done at home by a person responsible for his own dental health.

Questions:

(1) How are they different?

(2) Do both attempt to protect dental health?

(3) Why is professional cleaning twice a year important?

39. The health promoters can further discuss the role of the dental care provider by role playing the health promoter and a child who is fearful of going to the dentist.

Questions:

(1) How can the child be convinced that the dental care person is helpful?

Suggested Content Outline

with dentures bridges

(d) Treat infections, gums, teeth

b. Suggestions for helping locate dental care

- (1) Ask someone who lives in your area
- (2) Ask a professional or representative
  - (a) Your sponsor
  - (b) Your refugee organization
  - (c) Your local health worker
  - (d) Health promoter
  - (e) Public health nurse
  - (f) WIC program assistant
  - (g) Interpreter in another clinic
  - (h) Indochinese Refugee Services Center Health Unit

Learning Opportunities

(2) What activites might help a young child be less fearful of the dental care professional?

(3) Can the health promoter teach a young child to care for his teeth well to help avoid dental cavities?

40. Student health promoters can pair to roleplay a health promoter and client. The roles can be changed or reversed so that all have ample opportunity to experience different situations.

A family has just settled and needs dental care. There are many children in the family and all are in need of care. Some cry with toothache. How can the health promoter help this family locate dental care? The family is receiving financial help (welfare) and has Medi-Cal stickers.

41. The student health promoters can share their experiences with seeking dental care in their new location and how they were helped to find it.

They might then role play referring families to dental care in various settings, such as

- (1) The Los Angeles County Department of Health Services dental clinics
- (2) Private local dentists who may be bilingual

Suggested Content Outline

c. Types of dental care providers
  - (1) Clinics low cost
    - (a) University such as UCLA Dental School
    - (b) Los Angeles County Department of Health Services
  - (2) Private dentists
    - (a) Those who charge cash on receipt of service
    - (b) Those who accept Medi-Cal or government deferred payment
    - (c) Those who may use one or the other payment plan and who have bilingual ability or interpreters

Learning Opportunities

  - (3) Private dentists who will accept government financing such as Medi-Cal stickers as payment

42. Student health promoters can list advantages that they might have in assisting their people to seek dental care.
  - (1) Why might an Indochinese or countryman/woman be more believable than an American in speaking with and referring clients for dental (or other care)?
  - (2) How might communication be easier?
  - (3) Might experiences be similar?

43. Student health promoters and instructor can review
  - (1) Dental anatomy, child, adult
  - (2) Dental self-care such as brushing, flossing, and diet choice
  - (3) Dental disease and what to look for in a healthy versus an unhealthy mouth
  - (4) Cavity formation and prevention
  - (5) Dental care professionals and what they do
  - (6) When and how to seek dental care

Suggested Resources

Books:

Crest Professional Services. *Dental Health Teaching Outline for Intermediate Grades*. Cincinnati: Procter and Gamble, 1979.

Crest Professional Services. *Dental Health Today*. Cincinnati: Procter and Gamble, 1973.

Jones, Kenneth L., Louis W. Shainberg, and Curtis O. Byer. *Health Science*, 4th ed. San Francisco: Harper and Row, 1978.

Kellogg Company. *Update on Nutrition, Diet and Caries*. Available from Marie T. Sperber, M.S., R.D., Nutrition Communications Specialist. Battle Creek, Mich.: Kellogg Company, 1977.

Miller, Benjamin F. and Lawrence Galton. *The Complete Medical Guide*. 4th ed. New York: Simon and Schuster, 1978.

Nelson, Waldo E., ed *Textbook of Pediatrics*, 7th ed. Philadelphia: W. B. Saunders, 1962.

Wagner, Christa and Janet Rullo, trans. 2nd ed. *Medical Guide and Glossary*, by Nady Tan (Cambodian), Kamking Souvanlasy, Van-Si Chareundi, Vanhlang Khamsouk and Vang Sing (Laotian), Thach Nguyen and Vu Loc (Vietnamese). Portland, Ore: Indochinese Language Resources Center, Indochinese Cultural and Resources Center, 1980.

Wilson, Ron. *How the Body Works*. New York: Larousse, 1978.

Journals and Papers:

Dunn, Lawrence C. "Patient Instruction for Prevention of Periodontal Disease and Decay." *Journal Southern California Dental Society* 40 (April 1972): 361-370.

Greenberg, Jerrold S. "An Analysis of Various Teaching Modes in Dental Health Education." *Journal of School Health* 47 (January 1977): 26-32.

Gutierrez, Maritza. "On Our Way to Good Health: Activities and Games Manual." Unpublished manuscript. Los Angeles: Los Angeles County Department of Health Services. H. Claude Hudson Comprehensive Health Center. Health Promotion/Disease Prevention Project, 1983.

Koepp, Kathleen and Charlene J. Krell. "The Digestive System and Nutrition." Unpublished manuscript curriculum guide. California State University, Northridge, Department of Health Science, 1981.

Krell, Charlene J. "Health Education Intervention." Unpublished manuscript. California State University, Northridge, for The American Indochinese Association of the San Fernando Valley and The Los Angeles County Department of Health Services, Van Nuys Health Center. Spring 1984.

Page, Roy C., David Engel, Sampath Narayanan, and James A. Clagett. "Chronic Inflammatory Gingival and Periodontal Disease." Journal of the American Medical Association 240, no. 6 (August 1978): 545-550.

Terhune, James A. "Developing Positive Dental Health Practices." Health Education 6 (January-February 1975): 23-26.

Catalogues and Clearinghouses:

American Dental Association. Catalogue. Chicago: American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, 1984-85.

Columbia Dentoform Company. Catalogue: Models, Manikins, Practice Aids. New York: Syntex Dental Company, 49 East 21st Street, New York 10010. Telephone (212) 475-1150.

NICEM (National Information Center for Education Media). University of Southern California, University Park, Los Angeles, California 90007. Telephone: (213) 743-5408.

Pamphlets:

Primarily for use by the instructor if English is not sufficient for a great deal of written material. Pictures in these pamphlets serve to illustrate various points such as carious teeth, bottlemouth and gum disease.

American Dental Association. "Basic Brushing." Chicago: American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611, 1978.

American Dental Association. "Cleaning Your Teeth and Gums." Chicago: American Dental Association, 1972.

American Dental Association and Los Angeles City Schools. "The Dentist is my Friend. Do You Know What He Has Done for my Teeth?" Form 33.674, 1963. A dated source with still-relevant information.

American Dental Association and U.S. Department of Health and Human Services. "Get the Picture on Dental X-Rays." Rockville, MD: Federal Drug Administration, 80.8111, 1980.

Becks, Herman. "The Amount of Harmful Sugars in Everyday Foods." Unpublished manuscript. University of California, San Francisco School of Dentistry, 1978.

Crest Professional Services. "Classroom Activities in Dental Health." Cincinnati: Procter and Gamble, 1976.

Crest Professional Services Division. "Why Fluorides?" Cincinnati: Procter and Gamble, 1977.

Dental Products Division. "A Healthier Mouth--It's Up To You." Jersey City: Block Drug Company, PYC.45E, 1975.

Dental Products Company. "Cavities and Gum Disease: How They Start, How You Can Control Them." East Windsor, N.J.: Johnson and Johnson, 1978.

Lactona Products Division. "Facts You Should Know About Tooth Loss." St. Paul: Lactona, 236 East Ninth Street, 1962.

Professional Services. "Stan S. Flouride Advises: Take Good Care of Your Teeth." New York: Lever Brothers, 1973. (S44097)

Raper, Howard R. "How to Prevent Toothache." Indiana School of Dentistry and Eastman Kodak. Rochester, N.Y.: Kodak, 1976.

Posters:

"Do's for Dental Health: Healthy Eating for Healthy Teeth and Gums." United States Department of Agriculture, Washington, D.C.

"The Story of Dental Diseases." Boroughs Wellcome Company, Hammonton, New Jersey.

Sources of Dental Care:

County of Los Angeles--Department of Health Services, Indochinese Refugee Services Center Health Unit, "Medical Personnel List and Health Service Providers for Asian Community." 1984-85. 524 North Spring Street, Los Angeles, California 90012. Telephone (213) 974-7314.

County of Los Angeles Department of Health Services, Dental Clinic, Van Nuys Health Center, 14340 Sylvan Street, Van Nuys, California 91401. Telephone (818) 901-3901.

University of California at Los Angeles Dental School, UCLA Hospital and Clinics. 10833 Le Conte Avenue, Los Angeles, California 90024. Telephone (213) 825-5619.

Materials:

Dental floss

Dental Model which might be borrowed from a cooperative dental health professional or through the Los Angeles County Department of Health Services, Van Nuys Health Center. Contact Gayle P. Young, Health Educator at (818) 901-3914.

Purchase of dental models through Dentoform, as listed above.

Dental Mirrors: can be purchased at local drugstore

Dental Pamphlets showing relative size of child, adult mouth

Dental x-rays: to be borrowed from a cooperative dental professional

Disclosing tablets: Obtained from cooperative dental care professional or from American Dental Association

Eggs (two hardboiled), vinegar, fluoride toothpaste, small dish

Flannel board

Magazines in which to look for toothpaste ads

Photographs illustrating many of the points within the curriculum: Bottlemouth, gum disease, unclean teeth, malocclusion

Poster materials, pencils

Puppet materials such as construction paper, paper bags, etc.

Salt, soda, measuring spoons for making dentifrice

Shed teeth

Teacher-made cutouts of various foods with sandpaper backing suitable for flannel board demonstration of foods conductive and non-conducive to good dental health

Teacher-made cutouts with sandpaper backing suitable for flannel board illustrating the different functions of teeth: cutting, holding and tearing, tearing and crushing, grinding

Toothbrushes in various conditions and of various types

Worksheet showing the tooth for labelling and for graphic illustration of the cavity and its extension deep into the tooth

SUB-TOPIC: SEXUAL HEALTH AND FAMILY PLANNING

GENERALIZATION: Sexuality is a normal part of life, though some do not feel comfortable discussing it. Resettlement and family life will be smoother if people know about their bodies' functions and how they can make choices about their families.

OBJECTIVE (1) Following instruction, the health promoter can conduct a discussion about emotional differences between men and women.

EVALUATION: His/her discussion would be conducted with at least one other person and would include three (3) major emotional differences between men and women as discussed in class.

Suggested Content Outline	Learning Opportunities
E. Sexual health and family planning	
1. There are major differences between men and women a. Men	1. The instructor needs to create a feeling of trust and acceptance entering a very sensitive area such as sexuality. Separation of men and women may be necessary because of cultural sensitivity.
(1) Sexual upbringing different from women in most cultures (a) Sexual (b) Physical activity	2. The instructor could conduct a discussion in which student health promoters would list differences between males and females. Questions:
(2) Responsibilities have been different (a) Past-men head of households, support of family (b) Today more wives work than ever before	(1) How does the life of the male child differ from the female in your country? Male adult from female adult? (2) Do you see male and female roles changing in your country, culture? How?
(3) Emotional	(3) How do male and female roles appear different in your new country?

OBJECTIVE (2) Following instruction, the health promoter can name and describe the function of the sex organs of the male.

EVALUATION: He/she would name and describe four (4) structures that make up the sexual organs of the male.

Suggested Content Outline	Learning Opportunities
expressions in men usually different than in women (a) In many cultures not "man-like" to cry (b) Psychology trying to change this	(4) Are men in your country allowed or expected to be able to express their emotions freely such as by crying? (5) What are the customs of dating and marriage in your country? How do they differ from those in your new country?
(4) Sexual behavior (a) Depends on culture and family (b) Some cultures expect men to be aggressive i. Cultural belief that having many children is a sign of masculinity	(6) What differences do you note between your cultural customs and those of your new country regarding private versus open expression of affection? Under what circumstances is this seen? Films? Public display?
ii. Man often dominates woman (5) Physical structure of men different from women (a) Develop masculine body because of hormones (chemicals in body which	3. The instructor could show a chart, diagram or poster which could help the student health promoters identify the sexual structure of the male, also the secondary sex characteristics. Questions: (1) Which parts are external, internal?

Suggested Content Outline	Learning Opportunities
cause male to develop sexual and other body developments)	(2) What are their functions?
(b) Examples of body development	(3) Recalling what you learned about personal care and hygiene, what is important in their care?
i. Coarser hair	(4) How can an adolescent deal with his new sexual awareness? What bodily and psychological changes is he likely to be experiencing?
ii. More developed muscles	
iii. Deeper voice	4. The student health promoters can pair to discuss developing male sexuality. Males might roleplay paired with other males as young pubertal men. Some of the above questions might be answered as one might inform a young adolescent.
iv. External sex organs	
- penis (urination, ejaculation)	
- scrotum (maintains slightly lower temperature for testes)	5. Female student health promoters might pair to roleplay as the health promoter explaining male sexuality to young females.
v. Internal sex organs	6. The instructor can utilize a culturally-adapted book to help explain the names and define vocabulary associated with this section. Students might write the English name beside that of the Indochinese on a worksheet.
- testicles (production sperm, seminal fluid; male contribution to heredity)	
- prostate (gland that makes part of fluid that is ejaculated from penis during peak sexual excitement)	
- fluid helps propel sperm from body of male	

OBJECTIVE (3) Following instruction, the health promoter could compare role differences between men and women.

EVALUATION: His/her comparison would include three (3) role differences as discussed in class.

Suggested Content Outline	Learning Opportunities
b. Women (1) Women usually taught from childhood to: (a) Act and dress in a feminine way, playing with dolls (b) Be clean, avoid rough behavior (2) Responsibilities differ from those of men (a) Remain at home care for child (b) Care for home, cook and provide clothing for the family (c) Remain submissive to the male (3) Emotional expression (a) Women thought to be soft, caring, tender (b) Easily frightened and in need of protection (c) Crying acceptable (d) Sometimes have	7. Student health promoters can present a skit illustrating how women's roles are taught to tiny female children in the country of origin or the country of resettlement. Questions: (1) How are the female roles taught to children? (2) Do the lives of females differ from those of males? How? (3) Do female roles seem to be changing much in the country of origin. How? (4) What problems are presented when the woman must seek outside employment?

OBJECTIVE (4) Following instruction, the health promoter can name and describe the function of the sexual organs of the woman.

EVALUATION: He/she would name and describe five (5) of the six (6) female sexual organs discussed in class.

Suggested Content Outline	Learning Opportunities
allowed selves to be dominated by men	
(e) Today in U.S., trends moving toward equal opportunity for both sexes.	
(4) Sexual behavior	8. Female student health promoters might pair as though explaining feminine roles to a young female adolescent.
(a) Depends on culture and family, religious beliefs	
(b) Some women are more passive than others	Questions:
(c) Past cultural expectations	(1) Do the demands of today change the role of the female?
i. Having many children considered	(2) Must she prepare herself differently than she might have years ago?
- duty	(3) Have duties to bear children changed?
- necessity to continue the race	(4) What new freedoms or changed responsibilities result from having a choice in the number of children that one will bear?
- provide labor for agriculture	
ii. Today world-wide family planning allows choosing number of children	
- can support them	
- care for them	

Suggested Content Outline	Learning Opportunities
(5) Physical structure of females differ from that of males (a) Develop a feminine body because of hormones (chemicals in body) (b) Examples of body development i. Finer hair, less hair on body than male ii. Smaller muscles iii. Wider hips and pelvis than male iv. Higher pitch to voice than male v. Internal sex organs - vagina (menses receives man's penis birth canal) - uterus (bag which receives fertilized egg and shelters growing baby 9 months) - ovary (gland that contains eggs in woman)	9. The instructor can present a chart, diagram, or poster which could help the student health promoters identify the sexual parts of the female, also the secondary sex characteristics. Questions: (1) Which parts are external? Internal? (2) What are their functions? (3) Recalling what you have learned about personal care and hygiene, what is important in their care? (4) How can an adolescent female deal with her new sexual development and awareness? What bodily and psychological changes is she likely to be experiencing.

Suggested Content Outline	Learning Opportunities
- fallopian tubes (connect ovary to uterus egg passes through enroute to uterus for beginning of pregnancy or shedding in menstrual period)	
vi. External sex organs	
- clitoris (seat of sexual sensation)	
- labia (external opening, protection of vagina)	
- breasts (some sexual sensation -- production of milk for nourishment of child)	

OBJECTIVE (5) Following instruction, the health promoter can trace the pathway of sperm from the male to the female reproductive system.

EVALUATION: His/her tracing would correctly follow the pathway of the sperm from the testes, through the urethra, out the meatus, into the vagina, uterus, and finally into the fallopian tube where it may fertilize an egg.

OBJECTIVE (6) Following instruction, the health promoter can explain the path of an egg from the ovary through the female reproductive tract.

EVALUATION: His/her explanation would include that the egg passes from the ovary down through the fallopian tube, where it is possibly fertilized or on down into the uterus, from which it passes and out the vagina with menstrual flow if not fertilized.

Suggested Content Outline	Learning Opportunities
2. Family planning provides childbearing by choice and better health and opportunity for all family members a. Knowledge of reproduction is important (1) Male reproduction (a) Sperm--male sex cell i. Made in the testes ii. Follow path through several internal tubes iii. Passed from penis during ejaculation (mating during intercourse)	10. Utilizing an anatomical chart or diagram, the instructor could trace the path of the sperm from the testes through the male reproductive tract and up into the female reproductive tract. Volunteer student health promoters might then also do so, explaining its path. Questions: (1) Can you locate on the diagram: (name any part, male or female)? Student health promoters could then volunteer to identify the unlabeled parts. (2) What is sperm? In order to help students answer this, the instructor might show a graphic or microscopic representation of sperm.

Suggested Content Outline	Learning Opportunities
(b) Boys begin to mature and produce sperm at 12-14 years	
(c) Male fertile period i. Does not have fertile and infertile periods	11. The instructor can begin a discussion on male fertility and factors that can affect it. Questions: (1) Are males fertile all the time throughout their lives?
ii. Certain things can affect male fertility - Vasectomy operation - Working in certain factories with toxic chemicals	(2) About when in a boy's life does he become able to father children? (3) Does the ability to father children bring new responsibilty to the boy? (4) When in the boy's life might he be mature enough to become a father, ready to support a family?
- Sexually transmitted diseases which can block the vas deferens tubes in the testes, not letting the sperm pass iii. Is normally fertile from age 12-14 throughout life	12. Male health promoters might roleplay a situation in which they have been asked to speak to a group of young boys. They discuss male roles, sexuality, fertility, and responsibility. The presentation could be made before the class of student health promoters. They might use charts or posters to help explain. Females could also present the same information to young females about males.

Suggested Content Outline	Learning Opportunities
(2) Female reproduction (a) Menstrual cycle i. Established between ages 9-16 ii. Cycle = 28 days - Egg released from ovary about 14th day - Travels down tubes where may be fertilized - If not fertilized, by 28th day, uterine lining leaves the body with blood and fluid (called menstrual period)	13. Utilizing a chart or diagram, the instructor can trace the path of the egg through the female reproductive system, showing where fertilization normally takes place, and where child would grow if fertilized. Student health promoters could be called upon to do the tracing. Questions: (1) Can you locate on the diagram: (name any part). (2) What is its function? (3) What is an egg? In order to help the student health promoters answer this, the instructor might show a graphic or microscopic representation of ova.
(b) Fertilization i. Intercourse takes place (mating) ii. Sperm is deposited near the opening of vagina or in vagina iii. Sperm swim up to meet egg in tube iv. Fertilized egg	14. The instructor can begin a discussion on female fertility and factors that can affect it. Questions: (1) Are females fertile all the time throughout their lives? (2) About when in a girl's life does she become able to conceive a baby? (3) Does the ability to bear children bring responsibilities to the girl?

Suggested Content Outline	Learning Opportunities
attaches self to wall of uterus and female is pregnant	15. Female health promoters might roleplay a situation in which they have been asked to speak to a group of young girls. They discuss female roles, sexuality, fertility, responsibility, and menstruation.
(c) Fertile period of female	
i. Begins at age 9-16 (puberty)	The mock presentation could be given for the class of student health promoters. They might use charts or posters to help explain. Males could also present the same information to young males about females. (The constant reference to segregation of the sexes is noted since the Indochinese may have sexual taboos.)
ii. Normally ends at about age 40's-50's (menopause)	
iii. Each month fertile period approximately from 10th to 17th days	
iv. Various things can affect female fertility	16. The instructor could show a film illustrating the process of reproduction.
- Tubal ligation operation	17. Pamphlets can also be used for illustration of various points about sexual health and family planning.
- Working in factories with toxic chemicals	
- Sexually transmitted infections which scar the tubes, not allowing egg to pass	
- Certain medicines like birth control pills	

OBJECTIVE (7) Following instruction, the health promoter can develop a presentation about how human reproduction takes place.

EVALUATION: The presentation would include use of charts or diagrams and a discussion of the male and female fertility periods and three (3) factors which might affect each.

OBJECTIVE (6) Following instruction, the health promoter can list and explain several widely available birth control methods.

EVALUATION: His/her explanation would include at least three (3) birth control methods as discussed in class, and at least two (2) facts about each.

Suggested Content Outline	Learning Opportunities
b. Family planning methods work because they prevent the egg and sperm from meeting (1) Types of birth control or family planning methods (a) Sterilization no interference with sex act) i. A surgical operation ii. Must be done by a doctor - Male: cut the tiny tubes (vas deferens) in testes to prevent sperm from passing out of the penis with fluid - Female: cut the fallopian tubes that lead from the ovaries to the uterus	18. The instructor might arrange for the student health promoters to visit a family planing clinic. There they might receive a presentation on family planning and have an opportunity to view various devices employed by the various methods. Questions: (1) What type of atmosphere did the clinic have? (2) What were the personnel doing? (3) What birth control devices did you have opportunity to see, handle? (4) Did you understand the instruction that was being given? If not, what might have helped you? (5) What are your feelings about family planning? (6) How might family planning aid a young couple who are newly settling in a new country?

Suggested Content Outline

- iii. Nearly 100% effective if males wait to check sperm with doctor 6 weeks after (use other method) til zero sperm remains
- iv. Females nearly 100% effective no more pregnancies

(b) "The Pill" (No interference with sex act)

- i. 98% effective only 2 women of 100 will become pregnant in one year
- ii. Must take the pill as told by clinic or doctor
- iii. May have some side effects
  - headache,
  - upset stomach
  - depression and some other health risks
- iv. Cost-depends on doctor or clinic

(c) "IUD" (No interference with sex act)

Learning Opportunities

19. The instructor might use a diagram, photo, or poster to show how the various methods of contraception work.

20. It might be helpful to the class of student health promoters to see and be able to examine the various devices used in family planning, and to ask questions about them. Whether or not a field trip to a family planning center has been used as a learning opportunity, the more permissive area of the classroom might facilitate questions.

21. The instructor can use models to show how certain family planning devices are used, such as pelvic model on which the diaphragm can be applied.

22. The instructor can ask the following questions to help the student health promoters review what they have learned about various birth control methods.

Questions:

(1) What are the advantages or disadvantages of sterilization as a birth control method? What is the main difference between this and other methods? (It is permanant.)

(2) What are the advantages/disadvantages of "The Pill" as a birth control method?

Suggested Content Outline	Learning Opportunities
i. 97% effective 2-4 women will become pregnant in one year while using	(3) What is an "IUD," and where is it placed?
	(4) Can someone tell us something about the condom as method of birth control?
ii. Is a device placed in a uterus by a doctor or clinic	(5) How is a diaphragm used as a method of birth control?
iii. May cause heavy bleeding or cramping	23. The student health promoters can make posters illustrating several birth control methods. They might use these at a presentation at a later time.
iv. Could cause infection or could come out and woman become pregnant—must feel for the string up inside vagina	24. The student health promoters can roleplay several situations in which they help someone with a family planning question or problem such as the following:
v. Cost depends on doctor or clinic—$20.00 L.A. County Clinic	(1) The young wife with three small children, each a year apart, confides to health promoter that she wishes she did not have a baby each year. What would the health promoter suggest?
(d) Condom i. Worn by men to cover penis during sex act ii. One of oldest and cheapest methods	(2) The young man in the next apartment is planning to be married next month. He tells his friend that he hopes his wife does not have a baby right away because both of them are learning a new trade now. The friend refers him to the health promoter who advises...
iii. Available in drugstores without a prescription	(3) The middle-aged wife with six children, some of whom are no longer living,

Suggested Content Outline

- iv. About 90% effective when used—10 of 100 women whose partner uses will become pregnant in one year
- v. Some interference with sex act
- vi. Also protects against sexually transmitted disease

(e) Diaphragm

- i. One of oldest methods
- ii. Some interference with sex act, but can be inserted up to 2 hours before sex
- iii. Usually no side effects
- iv. Used with spermicide jelly (kills sperm) and must be left in vagina 6 hours after sex
- v. Covers opening to uterus

Learning Opportunities

confides that she does not want more children, but is afraid of telling her husband. What might the health promoter tell her?

(4) A man is considering having a sterilization, but is worried about it. What does he need to know?

(5) A young girl timidly asks how effective "the pill" can be. She has received a pack at the clinic, but is not clear on many things about its use. What should she be told?

(6) The older teen asks the young male health promoter where to get concoms. What might the health promoter tell him? What might be ask the boy—such as does he know how to apply them and remove them?

OBJECTIVE (9) Following instruction, the health promoter could discuss family planning with a client.

EVALUATION: His/her discussion would include naming three available methods of birth control, and advantage and disadvantage of each, and a referral to a family planning center.

Suggested Content Outline	Learning Opportunities
vi. 90-95% effective worn every sex act 5-10 of 100 women get pregnant in one year	
vi. Cost: depends on doctor or clinic —must be fitted $20.00 L.A. County clinic	
(2) Referrals for family planning	25. The student health promoters can make a set of referral cards or a list of local family planning agencies. These could be used later when speaking with friends or members of their group who need referrals. The instructor would have a list of referrals from which the cards would be made.
(a) Whom might one ask about family planning	
i. Your sponsor	
ii. Your organization	
iii. Your local public health department or public health nurse	
iv. Translator in another clinic	
v. Indochinese Refugee Services Center Health Unit	

OBJECTIVE (10) Following instruction, the health promoter can name list and discuss several of the most common sexually transmitted diseases.

EVALUATION: His/her list would include at least four (4) sexually transmitted diseases, a symptom for each and how to prevent them.

Suggested Content Outline	Learning Opportunities
vi. A doctor	
(b) Some considerations in seeking family planning clinics	
i. Cost - Medi-Cal accepted?	
ii. Distance from home	
iii. Bilingual services	
iv. Services offered	
- pregnancy tests	
- tests for sexually transmitted diseases	
- doctors on staff	
3. Sexually transmitted diseases	26. The instructor can use an informative pamphlet to help illustrate information about sexually transmitted diseases.
a. Can be contracted by anyone	
(1) Sexually active	27. Continuing the discussion about the spread of sexually transmitted diseases, the instructor can use local statistics to illustrate the scope of the problem.
(2) Unprotected as by male wearing a condom	
(3) More likely with greater number of partners	

Suggested Content Outline

- b. May or may not produce symptoms
  - (1) Discharge from penis or vagina
  - (2) Burning on urination
  - (3) Abdominal pain especially in females
- c. Can be prevented
  - (1) Avoiding having many or unknown sex partners
  - (2) Use of chemical or physical barriers
    - i. Spermicide foams also kill germs causing STD's
    - ii. Male wearing a condom
  - (3) Washing of sex organs before and after sex also urinating
- d. Common sexually transmitted diseases
  - (1) Gonorrhea (clap, dose, drip)
    - (a) Possible symptoms
      - i. Pain on urination
      - ii. Clear to thick

Learning Opportunities

Questions:

- (1) Who gets sexually transmitted diseases?
- (2) Does one always know when he or she has one of the diseases?
- (3) What are some symptoms that may/may not appear?
- (4) Name three ways in which sexually transmitted diseases can be prevented.
- (5) Name six (6) sexually transmitted diseases.

28. The student health promoters can make posters on sexually transmitted diseases, listing method of spread, prevention, names of the diseases and their treatments.

29. The student health promoters can pair and roleplay various situations in which they are able to give information about sexually transmitted diseases to: young adolescents, married people, young singles, parents.

- (1) Young adolescent male, adopting the ways of his new friends, wants to go out with girls and have "good time."
- (2) Young wife is afraid that her husband has not been faithful to her and wonders if she has a disease.
- (3) Extremely attractive young single girl has been offered opportunity to

Suggested Content Outline	Learning Opportunities
yellow mucus iii. Abdominal pain iv. 70-80% males symptoms, 10-20% females have symptoms (b) Complications i. Sterility both sexes ii. Tubal pregnancy iii. Arthritis (c) Diagnosis i. Clinic ii. Culture (sample taken of discharge from penis or cervix - position on exam table) (d) Treatment i. Penicillin ii. Tetracycline if allergy iii. Discharge gone 2-3 days iv. Return for negative culture	"entertain" businessmen, but in spite of her outward sophistication, is confused that she could possibly become ill??? (4) Parent tells of his concern that his little daughter and her friend have come home with candy and told of visiting a "very nice man" in his apartment on way home from 3rd grade classes. What might be happening? Could this child get a sexually transmitted disease? (YES!) 30. The student health promoters can demonstrate their understanding of the sexually transmitted diseases in a number of ways: Answer the following: (1) Which of the sexually transmitted diseases may show signs of a painless sore? (2) Which disease is very likely to be fatal to the patient if not treated, though he may live with it for years? (3) Which of the diseases has reached epidemic proportion because it is so common? (Gonorrhea) (4) Which of the diseases are usually thought of as infecting the intestines but can have sexual spread?

Suggested Content Outline

(2) Syphilis (Pox, bad blood, siff)

- (a) Possible symptoms
  - i. Painless sore (chancre) on mouth penis, vagina, rectum (Primary stage)
  - ii. Sore heals 1-5 weeks and people believe are cured without medicine
  - iii. Skin rash 6 weeks later (Secondary stage)
  - iv. Brain, heart lungs involved (Third stage)
- (b) Diagnosis
  - i. Clinic
  - ii. Examine and culture chancre
  - iii. Blood test
- (c) Treatment
  - i. Penicillin
  - ii. Tetracycline

Learning Opportunities

(5) Which of the diseases are actually "little insects" that bite and irritate?

(6) Which of the diseases has no real effective treatment as yet and may recur throughout life? (Point out that this one has a type I and type II manifestation—above waist and below, and can be transmitted to others.)

(7) Which of the diseases can be treated easily with penicillin?

31. Ascertaining that the student health promoters have a good understanding of what one must do if there is the possibility that he or she might have a sexually transmitted disease, the instructor could ask the following:

Questions:

(1) How might a person know if he has a sexually transmitted disease if there is no sore?

(2) What must one do if there is a chance that he has a sexually transmitted disease?

(3) How would one know if his treatment has been effective?

(4) If part of the treatment includes being asked to give names of sexual

Suggested Content Outline

iii. No sex til blood test negative

(d) Complications

i. Damage to victim of third stage untreated paralysis, hearing loss, insanity, death

ii. Damage to child—physical deformities, blindness, facial deformities (requires treatment at birth)

(3) Herpes

(a) Symptoms

i. Painful blisters on vagina, penis, cervix in females

ii. Feel ill

iii. Fever, aches

(b) Diagnosis

i. Clinic

ii. Recurring same symptoms

Learning Opportunities

partners, what may happen if the patient refuses to give names? Would this be fair, since these people need treatment?

32. The health promoters can role play discussing ways to prevent the occurrence and spread of sexually transmitted diseases:

Possible skits:

(1) A young girl and her boyfriend have been seeing each other a lot. They have both accepted some of the "new" values of their adopted country. He would like her to have sex with him, though she is not sure that he sees only her. She wonders if this will prove her love and win him. If she decides to become sexually active, how can she protect herself from a sexually transmitted disease?

What does the class conclude about this situation?

(2) Several of the young Indochinese boys and girls are attending the large local high school, and, much to their parents' concern, are drifting away from the old ways. What should they know about making the decision to become sexually active?

What is the conclusion of the class about this situation?

Suggested Content Outline

- iii. Treatment still experimental
- iv. Cleanliness of sores important
- v. Avoid sex while have symptoms

(c) Complications

- i. Can be fatal to newborn C-section
- ii. People fear Herpes and may avoid someone with it
- iii. May come and go with painful sores throughout life

(4) Parasites

(a) Scabies (Itch mite)

- i. Symptoms
  - intense itch in genital area
  - may be blood on underwear
- ii. Diagnosis

Learning Opportunities

(3) The health promoter is sitting on the wall preparing some vegetables for dinner when she notes that five young girls are just arriving home from school at the apartment complex where many of the Indochinese and their neighbors have settled. She notes that they are wearing very tight jeans. What might she tell them about the health implications of this?

Does the class have any discussion about this?

(4) The man of the house has been away a great deal and the wife has been most upset. She has had strong suspicion that he has been spending time with another woman. Today he came home and told her that he was at the health center and got some penicillin for an infection. He has not been affectionate to her for about two weeks. After a period of hurt silence, she forgives him for his infidelity. How long must he wait before resuming relations with his wife? Would it be a good idea for her to be tested for the possibility of an infection?

Is there class discussion about this?

(5) The young girl mentioned earlier decides to give in to her boyfriend's wish.

Suggested Content Outline

microscope exam in clinic

iii. Treatment
- Kwell lotion (may purchase other over counter)
- wash clothes hot soapy water, dry-clean

(b) Crabs (lice)

i. Symptoms similar to scabies

ii. Diagnosis similar to scabies

iii. Treatment same (may purchase other lotions over counter in pharmacy)

(5) Intestinal illnesses

(a) Transmission

i. Oral sex

ii. Rectal (anal) sex

(b) Examples

i. Hepatitis

- yellowing of eyes

Learning Opportunities

she will have sex with him. She has learned from attending a class in high school that she should insist on washing before and after sex, urinate, and be certain that her boyfriend wears a condom. How can she demand all these things of him? What if he refuses? She has a packet of condoms concealed in her purse and is terrified as she walks toward his apartment, knowing that his parents will not return from their jobs for a few more hours.

What might she do? What values is she acting upon?

(6) One of the young boys in the group attending the large local high school has been attending several very wild parties lately. He awoke last night with intense itching in his groin area. He comes to you in desperation, knowing that you are in the health promoter class. You suspect that he has pubic lice. How do you help him?

What must he do to be certain that he treats himself adequately and takes precautions against reinfesting himself?

(7) One of the young girls in the local high school has noticed a tremendous burning and itching on urination and a very foul discharge on her under-

Suggested Content Outline	Learning Opportunities
- nausea - weakness ii. Shigella - diarrhea - may have mucus and blood in liquid stool (6) Vaginal infections (more uncomfortable than dangerous) (a) Trichomonas i. Spread by sex towels underwear ii. Symptoms - frothy, foul discharge - painful sex act iii. Diagnosis clinic exam of discharge iv. Treatment prescription drug-Flagyl treat sex partner (b) Monilia or Candidiasis i. Vaginal fungus	clothing. She comes to you, the health promoter, in tears. She is sure that something is desperately wrong with her. You gently ask her whether she has been sexually active. She denies it amidst floods of tears. You believe her. You ask her about the conditions in the locker room at her Physical Education class. She says that her towel is always taken by someone or that she sometimes finds it wet as though someone has already used it when she comes from the shower. What should the health promoter advise to help this sincere young student who is so terrified to admit that she could have a sexually transmitted disease. Is it always sexually transmitted? (8) The 40-year old wife and her very stern husband live in an apartment with 15 other people. She has developed similar symptoms to those of the young girl in the above skit. She comes to the health promoter who tells her she needs to get treatment for her symptoms and so must her husband so that they will not continue to reinfect each other. She is terrified and begs not to have to tell him. She fears he will accuse her of infidelity while he is in job training. How can the health promoter help?

OBJECTIVE (11) Following instruction, the health promoter can develop a sexual health maintenance plan for males and females.

EVALUATION: He/she would be certain to include in the plan three (3) sex maintenance activities for men and three (3) for women as discussed in class.

Suggested Content Outline	Learning Opportunities
ii. Symptoms	
- Vaginal discharge, white, thick curdy	
- Smell	
iii. Diagnosis	
- Clinic	
- Exam of discharge	
iv. Drug treatment (prescription) both partners	
v. Prevention Females avoid wearing very tight pants	
4. Sexual health maintenance	33. The instructor can follow a discussion of sexual health maintenance by having student health promoters make posters describing sexual health activities for males.
a. For males	
(1) Be certain that you are prepared with a condom on hand	
(a) If you have more than one regular sex partner	

OBJECTIVE (12) Following instruction, the health promoter can teach another person how to conduct a testicular self exam.

EVALUATION: His/her teaching will include purpose, when, how often, and the method: cupping the testicles individually in the palm of the hand while feeling them with the finger of the other hand.

Suggested Content Outline	Learning Opportunities
(b) If you are likely to be sexually (c) Avoid situations in which you will not be in control of yourself and with whom you have sex (drinking spree) (d) Know your sex partners and do not be afraid to ask if they appear ill (2) Check yourself to be certain that you have no signs of sexually transmitted disease (see previous section)	34. The instructor can review various points about male sexual health maintenance. Questions: (1) What three things should you do if you are going to be sexually active? (2) How might taking alcohol or drugs limit your ability to be aware of your sexual activity or of your actions? (3) Why do you think that limiting the number of sexual partners reduces your chances of getting a sexually transmitted disease.
(3) Check your scrotum regularly to be certain that there are no lumps	35. The instructor can use an illustrated pamphlet to help student health promoters learn the proper method for testicular self exam.
(a) 1% of male cancer (b) Ages 29-35 (c) Method i. After shower	36. The student health promoters can pair, male with male, female with female, to discuss the technique for testicular exam. They might then teach it to their sexual partners at home.

OBJECTIVE (13) Following instruction, the health promoter can instruct another person in self breast examination.

EVALUATION: His/her instruction would include purpose, when, how often, and the method: in the shower, in front of the mirror, lying down, feeling the four sections of each breast. Then gently squeeze the nipple between thumb and finger to see if there is any discharge.

Suggested Content Outline	Learning Opportunities
ii. Every 6-8 weeks	
iii. Cup each testicle in palm of hand, feels egg-like, firm; now feel each with fingers of other hand	
iv. Note the tube at the rear--this is normal--carries sperm from testicle up toward penis	
v. If note any lumps, see doctor	
vi. Repeat this and you will recognize changes	
b. For females	37. Following the discussion of sexual health maintenance for females, the health promoters might answer some questions:
(1) Be prepared if you are sexually active	
(a) Purchase condoms	

Suggested Content Outline

and have them with you; do not be afraid to request the male to wear one

(b) Know your sex partners and limit the number

(c) Do not be afraid to refuse if you suspect that he has an infection

(d) Avoid situations in which you are not in control of your actions (drug, alcohol)

(2) Check yourself for any signs of any unusual discharge or possible sign of sexually transmitted disease (see previous section)

(3) Learn the proper technique and practice self breast exam

(a) Breast cancer is leading cause of cancer deaths in U.S. women

(b) 90% of all breast lumps are found by the woman

Learning Opportunities

(1) Why is it necessary for a lady to prepare herself by having condoms with her if there is a possibility that she might be sexually active? What if she has protected herself against pregnancy; would this prevent an infection?

(2) How might she make the purchase, where?

(3) How would you feel asking a man to wear a condom that you had purchased?

(4) Let's review the technique of applying them.
 a. Leave space at the end for the fluid to be collected.

 b. Be careful in removing so that semen and sperm are not spilled; this can cause an unplanned pregnancy or sexually transmitted disease.

(b) How important is the care of the condom? What may happen if it is snagged by a tastefully long nail or a piece of jewelry?

38. Aiding the student health promoters in their understanding of breast cancer and self exam, the instructor can use a colorful pamphlet and/or one in Indochinese languages.

Suggested Content Outline	Learning Opportunities
(c) The method i. In the shower soap on skin ii. Raise one arm check breast on that side with flat fingers of other hand iii. Check all four quarters of that breast, then do other side - If find lumps similar on both sides, likely normal	39. The instructor can have the student health promoters demonstrate their knowledge of self breast exam in a number of ways. Questions: (1) Some women are afraid to examine their breasts. Why do you suppose this is so? (2) What are the important signs that the woman should look for? (3) Most breast lumps are found by doctors--true or false?
- The milk ducts do feel lumpy iv. Look in the mirror - Examine both breasts; one may be slightly larger - Look for dimples rash, lumps, orange peel skin v. Lie on bed on back and repeat the first exam, with pillow under side you are checking vi. Check nipples for discharge; milk only--normal	40. The student health promoters can pair and practice as "the health promoter" and a "woman" whom she is teaching to examine herself. Males can do the same. Did you know that men also have breast tumors, though more rare? Questions: (1) If you found one of the signs--lump, rash, dimple, or orange-peel skin, what should you do? (2) Where could you go or refer someone for care? (3) When is the only time that a discharge from the nipple would be normal? What would that discharge be?

Suggested Content Outline

(4) Protect yourself against other types of cancer
  - (a) Have a yearly PAP smear of the cervix
    - i. Is not very uncomfortable
    - ii. Done by doctor or clinic
    - iii. Can detect early cancer of cervix
  - (b) Be aware of normal bleeding
    - i. Bleeding from vagina is not normal in girls under about 9
    - ii. Bleeding in women who have stopped having menses (45-60) is not normal
    - iii. See doctor now

(5) Do not overdo with douches
  - (a) Their function is to clean the vagina
  - (b) They can wash out normal bacteria that belong there
  - (c) Other infections can develop

Learning Opportunities

41. The student health promoters can discuss these and perhaps think of other ways in which they can maintain a healthy body and prevent or detect illness at the earliest possible time.

Situation 1:

The young woman was having bleeding between menstrual periods. The health promoter learned of this from a family member and took her to clinic right away. Fortunately, the the woman did not have cancer and was able to get treatment and solve problem.

(1) How did the health promoter convince the woman to seek medical care? How might you do this?

(2) Ignoring or neglecting symptoms that are not normal can result in many problems such as....?

Situation 2:

The grandmother had noted some bleeding before leaving home country. The health promoter noted that she looked tired and pale. Grandma was more concerned about caring for grandchildren than herself. The health promoter tried to convince the woman's daughter to take her to a nearby hospital. The family was scared. It was too late to save her.

(1) Ignorance can cost lives. How do you feel about this?

(2) What might you have done?

Suggested Resources

Books:

Curriculum Framework Criteria Committee on Health. Health Instruction Framework for California Public Schools. Sacramento: California State Board of Education, 1978.

Educational Materials Division of Scholastic Magazine. An Educator's Guide for Teaching About Feminine Development. Milltown, N.J.: Personal Products Company, 1978.

Goldsmith, Marsha, Linnea Goddess, and Cecily Hogan, eds. The Life Cycle Library. Vol. 2. Chicago: Parent and Child Institute, 1969, pp. 140-57. (Comparisons of relative size fertilized ovum, fertilization)

Greenblatt, Bernard R. A Doctor's Sex Guide. Chicago: Budlong Press, 1976.

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Lawther, Gail, ed. The Healthy Body: A Maintenance Manual. New York: New York: New American Library, 1981.

Miller, Benjamin F. and Lawrence Galton. The Complete Medical Guide. 4th ed. New York: Simon and Schuster, 1978.

Nilsson, Lennart, Miriam Furnhjelm, Axel Ingelman-Gundberg, and Claes Wirsen. A Child is Born. New York: Delacorte Press, 1978, pp. 16-17, 20-30, 32-33, 38-39. (Photographs of sperm, egg, fertilization, fallopian tubes, testes, embryo)

Snell, Richard S. Atlas of Clinical Anatomy. Boston: Little, Brown, 1978.

Wagner, Christa and Janet Rullo, trans. 2nd ed. Medical Guide and Glossary by Tan, Nady (Cambodian), Souvanlasy, Khamking, Van-si Chareundi, Vanhlang Khamsouk, and Vang Sing (Laotian) Nguyen, Thach and Vu Loc (Vietnamese). Portland, Oregon: Indochinese Language Resource Center, Indochinese Cultural and Service Center, 1980.

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Werner, David. Where There Is No Doctor. 7th rev. ed. Palo Alto, Calif.: Hesperian Foundation, 1982.

Zimmerman, Amy. "It's Up to You!: A Health Care Guide." Los Angeles, University of Southern California Health Service, 1979.

Journals and Papers:

Krell, Charlene J. "Health Education Intervention." Unpublished manuscript. California State University, Northridge, for The American Indochinese Association of the San Fernando Valley and The Los Angeles County Department of Health Services, Van Nuys Health Center, Spring 1984.

Young, Gayle. "Presentation on S.T.D.'s." An unpublished manuscript, Los Angeles County Department of Health Services, Van Nuys Health Center, 1984.

Community and Other Resources for Materials on Sexual Health:

County of Los Angeles, Department of Health Services: Indochinese Refugee Services Center. Indochinese Refugee Services Center Health Unit, Medical Personnel List and Health Service Providers for Asian Community, 524 North Spring Street, Los Angeles, California 90012, Telephone (213) 974-7314.

Los Angeles Regional Family Planning Council, Inc., Telephone (213) 383-6919. (Maintain clinics at Van Nuys Health Center as above and in other locations throughout Los Angeles and the San Fernando Valley.

National Health Information Clearinghouse, a service of the Office of Disease Prevention and Health Promotion Public Health Service, U.S. Department of Health and Human Services, P.O. Box 1133, Washington, D.C. 20013-1133. Telephone (800) 336-4797.

Planned Parenthood World Population: Los Angeles. Telephone (213) 223-4462.

Young, Gayle P. Health Educator, Los Angeles, County Department of Health Services, Van Nuys Health Center, 14340 Sylvan Street. Telephone (818) 901-3914. (Arrange to borrow models, contraceptive devices or posters, also arrange for visit to clinic.)

Pamphlets:

Asian Health Project, Los Angeles: T.H.E. Clinic, 3860 W. King Blvd., Los Angeles, California 90008. Telephone (213) 295-6571.

"Birth Control." Asian Health Project. (See above listing.)

"Cancer Prevention." Asian Health Project. (See above listings.)

"For Men Only: Testicular Cancer and How To Do T.S.E.," American Cancer Society. 2093-LE, 1982.

"It's Up to You: Contraceptive Decision Making." Asian Health Project. (See above listings.)

Kradjian, Robert. "Breast Lumps: A Guide to Understand Your Breasts, Breast Problems, Biopsies and Surgeries." Daly City, Calif.: Physicians Art Service, Inc., 1978.

Los Angeles County Department of Health Services. "Alcohol and Pacific Asians." Indochinese Refugee Services Center Health Unit, 524 North Spring Street, Los Angeles, California 90012.

"V.D. Sexually Transmitted Diseases." Asian Health Project. (See above listings.)

Film:

Family Planning, Asian Health Project, 3860 W. King Blvd., Los Angeles, California 90008. Telephone (213) 295-6571. Cassette with audio tapes in various Indochinese languages.

Family Planning:

Asian Health Project, Los Angeles: T.H.E. Clinic, 3860 W. King Blvd., Los Angeles, California 90008. Telephone (213) 295-6571.

Health Line: Los Angeles County Department of Health Services. Telephone (213) 250-8055. Bilingual staff available.

Los Angeles County Department of Health Services: Canoga Park Health Center, 7107 Remmet Avenue, Canoga Park, California 91303. Telephone (818) 340-3570.

Los Angeles County Department of Health Services: Van Nuys Health Center, 14340 Sylvan Street, Van Nuys, California. Telephone (818) 901-3901.

Hospitals

Los Angeles County—USC Women's Hospital, 1240 N. Mission Road, Los Angeles, California 90033. Telephone (213) 226-2622.

Olive View Midvalley Medical Center, 7433 Van Nuys Blvd., Van Nuys, California 91405. Telephone (818) 901-3271.

Materials:

Charts, diagrams, models, posters—Reproductive System: Denoyer-Geppert, A Division of Times-Mirror, 5235 Ravenswood Avenue, Chicago, Illinois 60640.

Contraceptive devices: arrange to borrow from Los Angeles County Department of Health Services, Van Nuys Health Center (See Young, Gayle P., under Community Resources.)

Picture of reproductive system. (See bibliography above for various listings.)

Poster materials such as posterboard, colored pens, pencils.

Community Referrals for Care:

(See a comprehensive list in "Medical Personnel List and Health Services Providers for Asian Community.)

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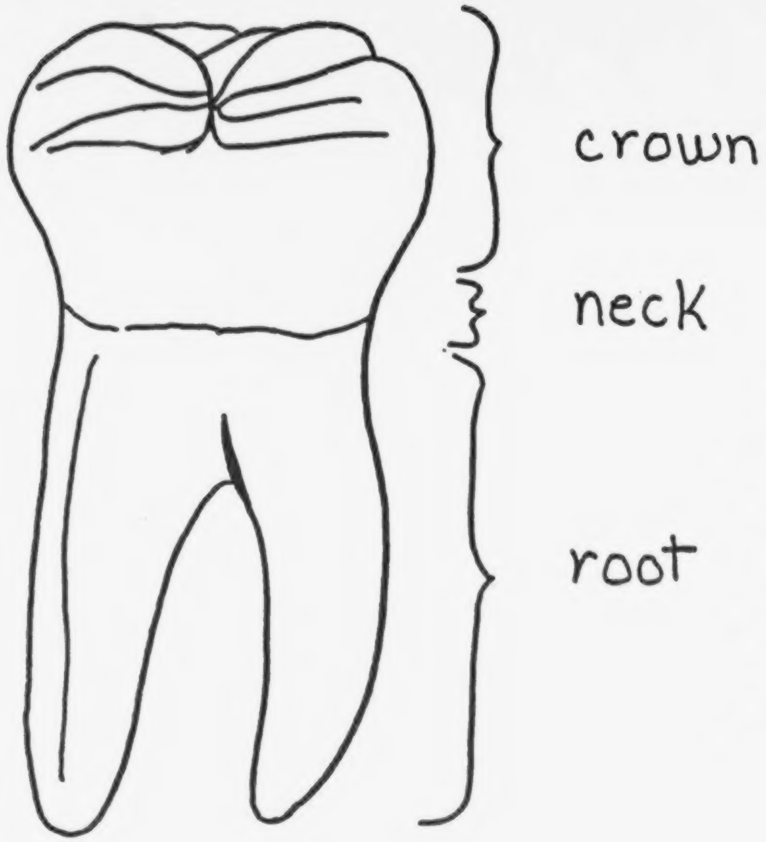
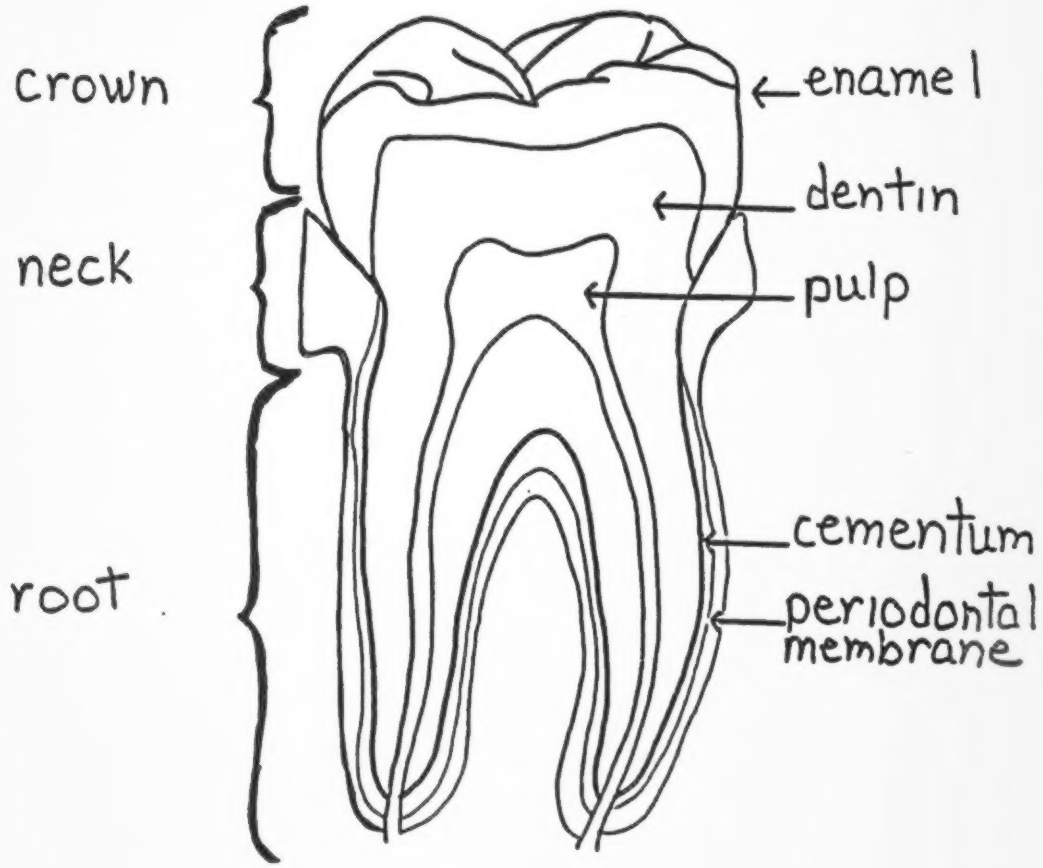
APPENDIX TO THE MODEL

TOOTH PARTS



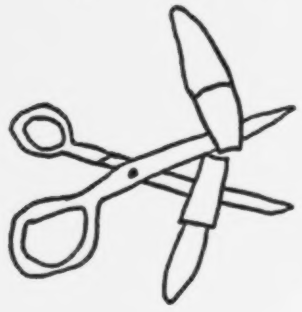
Procter and Gamble Company. Dental Health Teaching Outline for Intermediate Grades. Cincinnati, Ohio: Crest Professional Services, 1963.

TOOTH PARTS AND LAYERS

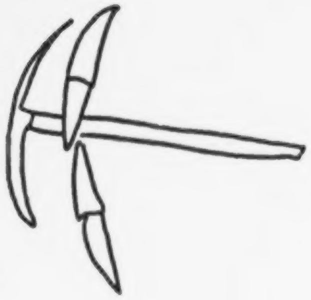

crown
neck
root
enamel
dentin
pulp
cementum
periodontal membrane

Procter and Gamble Company. Crest School Dental Program. Cincinnati, Ohio: Crest Professional Services, 1979.

TEETH FUNCTIONS



INCISORS



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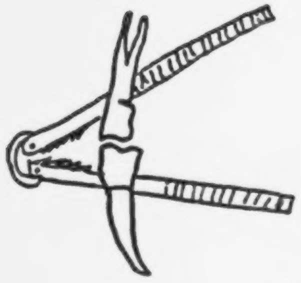

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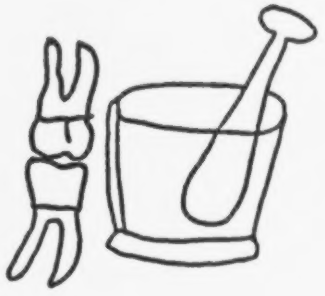
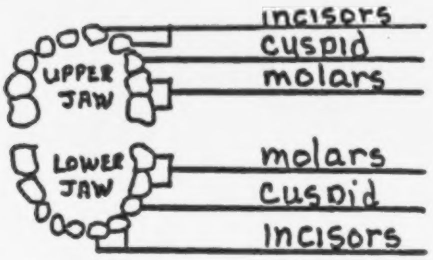


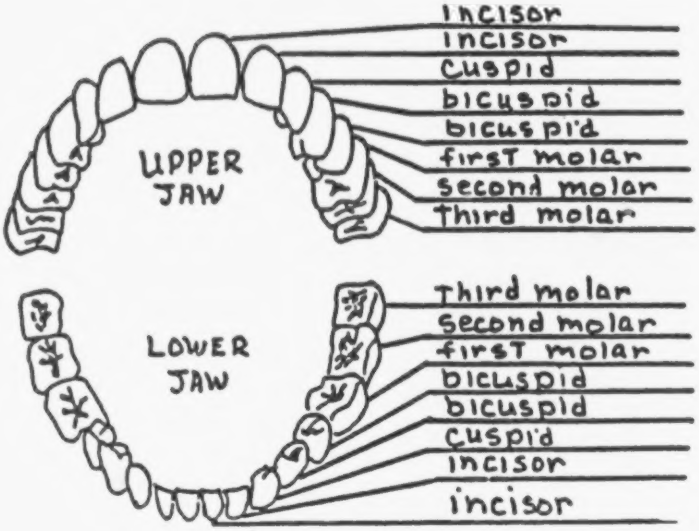
MOLARS

Byrd, Oliver. Health-5. Sacramento, California: California State Department of Education, 1967.

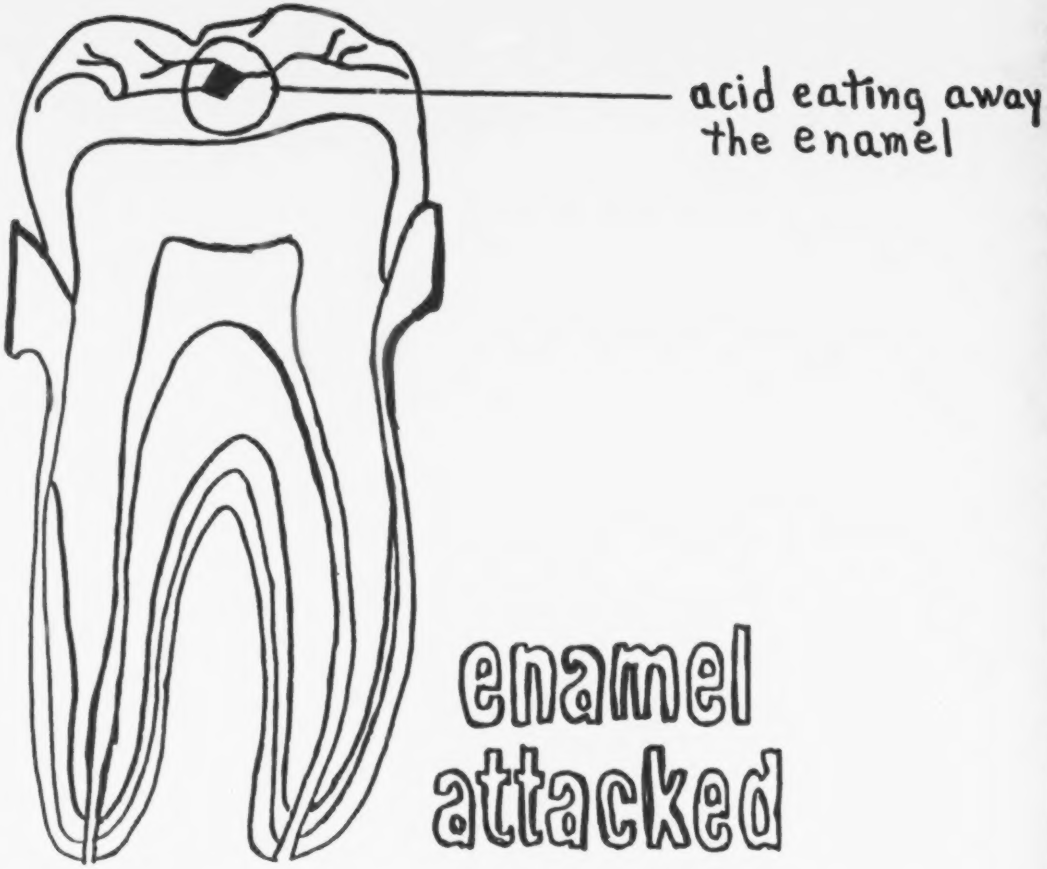
DECIDUOUS TEETH


UPPER JAW
incisors
cuspid
molars
LOWER JAW
molars
cuspid
incisors

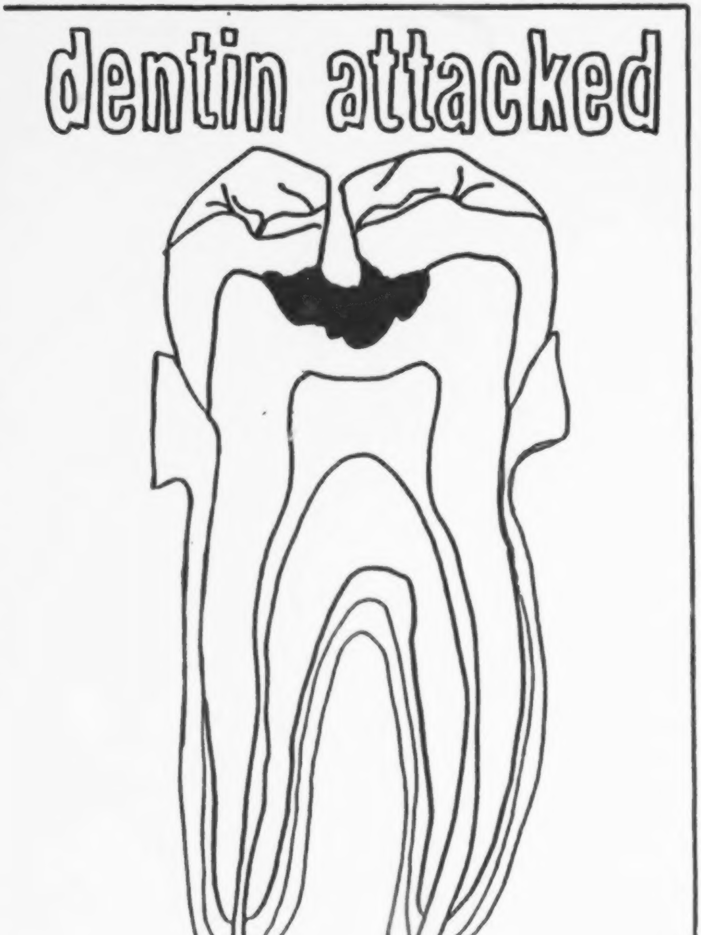
PERMANENT TEETH


UPPER JAW
incisor
incisor
cuspid
bicuspid
bicuspid
first molar
second molar
third molar
LOWER JAW
Third molar
second molar
first molar
bicuspid
bicuspid
cuspid
incisor
incisor

Byrd, Oliver. *Health 4.* Sacramento: California State Department of Education, 1967.


acid eating away the enamel
enamel attacked

Procter and Gamble Company. Dental Health Teaching Outline for Intermediate Grades. Cincinnati, Ohio: Crest Professional Services, 1979.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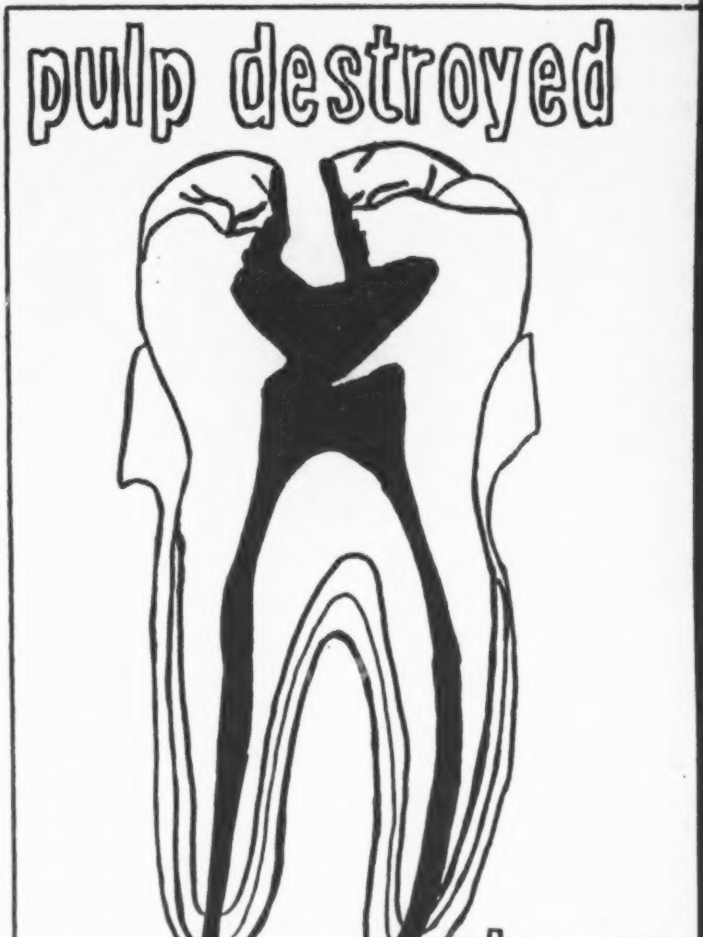
pulp destroyed
abscess

(Procter and Gamble)

JOB DESCRIPTION FOR COORDINATOR OF HEALTH PROMOTERS

Position: Coordinator of the Health Promoter Program (Volunteers)

Supervisor: Agency Board American Indochinese Refugee Association of the San Fernando Valley (example)

Hours of Work: Ten Per Week

Description of Work:

1. Planning, coordination of training of lay Health Promoters recruited from within the Indochinese Refugee Community.
2. Serve as possible instructor or coordinator of instructor/s of the Health Promoters.
3. Assist with recruiting and organize a group of 7-12 to be trained as Health Promoters.
4. Organize supervision of Health Promoters after training.
5. Organize continuing education for Health Promoters.
6. Make effort to secure financial support for the project to allow for salaries or stipends for all and instructional materials.

Qualifications:

1. Ability to read and write in English and desirable if also fluent in one of the Indochinese languages - flexible.
2. Have experience as a leader and supervisor of groups.
3. Most desirable if have medical or educational background.
4. Be able to communicate well.
5. Enjoy working with people in the community.
6. Have good health habits.

Adapted from Campos and Krell. Refugee Health Care and Health Promoter Training in an Urban Setting.

APPLICATION FOR HEALTH PROMOTER TRAINING

(May or not apply to your agency depending upon language fluency, translation)

Name:____

Address:____

____

____

Telephone:____

Age:____________ Country of Birth:__________________

Married:__________ Single:________ No. Children__________

Ages:__________

Length of time in this country:____________________

Length of time in the community:____________________

Work or school hours:____________________________

When could you attend training class?

Day:__________ Evening:__________ Need Childcare:__________

Saturdays:__________

Have you had any experience working as a volunteer in Health?

Yes:________ No:________

What did you do?________________________________

____

____

Adapted from Campos and Krell. Refugee Health Care and Health Promoter Training in an Urban Setting.

Recruitment was done at a group meeting with a demonstration of the choke-saving maneuver. People then self-selected to present themselves for filing and application and subsequent interview.

INTERVIEWER: INTERVIEW FOR HEALTH PROMOTER from Campos/Krell

4 Excellent 3 Good 2 Average 1 Poor : OVERALL RATING

Identification of problems and solutions: Identifies a variety of solutions and is informed about health and health resources in the community.

4 3 2 1 1. In your opinion, what are the health problems of the refugees?

4 3 2 1 2. What can the refugees do to solve these problems?

4 3 2 1 3. In your opinion, what should they do?

Capacity to work with people: Focus on the prejudices and values demonstrated by the interviewee.

4 3 2 1 4. What do you believe is the ideal number of children in a family?

4 3 2 1 5. What do you think about birth control?

4 3 2 1 6. Do you think that it is always necessary to go to a doctor for a health question or minor illness?

Desire to learn: Focus on the enthusiasm demonstrated by the interviewee.

4 3 2 1 7. What would you like to learn about health?

Education: Focus on the person's analytical ability and ability to read from one of the Medical Glossaries in the Indochinese languages, from Werner, Where There is no Doctor, or on the ability to analyze one of the problem situations posed in the curriculum.

4 3 2 1 8. Please read this page, or Please analyze this problem...

4 3 2 1 9. What do you think about what you read?

Experience: Focus on the capacity of this person to be a leader. What is his background?

4 3 2 1 10. If the person had health work experience, what were his/her experiences?

If no health experience, "Why would you like to be a Health Promoter?"

GENERAL EVALUATION: Overweight: Y NO Smokes: Y NO

4 3 2 1 Presents Self well 4 3 2 1 Communication

JOB DESCRIPTION OF THE HEALTH PROMOTER

Position: Health Promoter

Supervisor: Coordinator of Health Promoters Within The Organization

Hours of Work: Approximately five per week - flexible

Work Description

1. Conduct case finding home visits in the Indochinese Refugee Community and refer them to health care practitioners or agencies as needed.
2. Conduct formal or informal health education talks in the community, in people's homes or in the neighborhood, church or organizational meeting place.
3. Serve as a helper for the health care providers who work with the Indochinese Refugees as patient advocate, translator, for example.
4. Be able to assist members of the community with informed self-care in their homes- including first aid, child care and home and personal sanitation and hygiene.

Qualifications:

1. Ability to read and write either Indochinese language, English or both, but may be flexible.
2. Have an interest in working with people and promoting health and healthful living habits among the Indochinese Refugee Community.
3. Have good health habits.
4. Willing to accept responsibilities.

Adapted from Campos and Krell. Refugee Health Care and Health Promoter Training in an Urban Setting.

Checking the Client's Understanding

In which of the following conversations has the health worker effectively confirmed the patient's understanding?

1. Health worker: Did you take your medication every day?

   Patient: Medication, yes.

2. Health worker: Take one of these pills after breakfast and one before you to to bed. Do you understand?

   Patient: Yes.

3. Health worker: Get the baby weighed first and then go see the doctor. Then come back and see me. Now, what are you going to do?

   Patient: Get the baby weighed.

   Health worker: Yes, and then what?

   Patient: See the doctor.

   Health worker: And then what?

   Patient: See you.

4. Health worker: Have you still been vomiting?

   Patient: No.

   Health worker: Have you been sick again?

   Patient: No.

5. Health worker: Take these antibiotics until there are no more. Now, when do you stop taking these pills?

   Patient: When they are all gone.

6. Health worker: If you run out of pills, call the clinic. What do you do if you run out of pills?

   Patient: Call the clinic.

7. Health worker: Are you taking any medication, a diuretic, hormone, birth control pills?

Patient: Birth control pills.

Key: Answers: Not clear: 1,2, Questionable: 6,7, Understood: 3,4,5.

This is a variation on an exercise printed in:
Henley, Alix. Asian Patients in Hospital and at Home. King Edward's Hospital Fund for London. Tunbridge Wells, England: Distributed by Pitman Press, 1979.